McLean County
Needs Assessment and Community Health Plan (2012-2017)

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The McLean County Community Health Plan (2012-2017)

Executive Summary

McLean County Health Department
Partners in Prevention

Prepared by

The McLean County Health Department

And

The Community Health Advisory Committee

May 2012

Executive Summary

(Back to Table of Contents)

Purpose of the Community Health Plan

In July 2012, McLean County Health Department (MCHD) submitted its fourth five-year community health plan (for 2012-2017) to the Illinois Department of Public Health (IDPH) as part of the Illinois Project for Local Assessment of Need (IPLAN) and as a required component of the certification process for local health departments. The purpose of the county-wide community health plan (CHP) is to improve the health of McLean County residents by developing partnerships to implement CHP strategies, encourage health awareness, and promote healthy lifestyle choices which can reduce the risk of death and disability and improve health.

For more than 19 years, the McLean County Health Department's Community Health Advisory Committee (Attachment #1) has worked to build partnerships among public and private health care providers, community agencies, health-related organizations, schools, businesses, the faith community and the media. It meets to study and understand the health status of the county, identify priority health problems, set goals and objectives, and develop and implement strategies to address the health problems with the assistance of these community partners.

The New Community Health Plan (2012-2017)

As the previous community health plan (CHP), Round 3 for 2007-2012, neared its completion, preparations for McLean County's Round 4 CHP (2012-2017) began in the spring of 2011. Because the CHP is also used by local health departments to meet certification requirements in Illinois, as indicated in Section 600.410 Requirements for IPLAN or an Equivalent Planning Process, Title 77 (Public Health) of the *Illinois Administrative Code*, Chapter 1 (Department of Public Health), SubChapter H (Local Health Departments), Part 600 Certified Local Health Department Code, one of two state-approved methods had to be chosen for CHP development: 1) Assessment Protocol for Excellence in Public Health (APEX-PH); or, 2) Mobilizing Action through Planning and Partnerships (MAPP). Either method must result in the production of three documents in order to meet certification requirements:

1. An Internal Capacity Assessment of the local health department
2. A Needs Assessment of health indicators
3. A Community Health Plan

In McLean County, the eight-step APEX-PH process has been the method used to develop the previous three CHPs and was chosen again to be used for the fourth CHP, due July 2012. Appendix E of the APEX-PH manual contains a description of "The Hanlon Method for Prioritizing Health Problems". This method, modified by APEX-PH from the process developed by J. J. Hanlon, has been used during the development of each previous CHP to prioritize the list

of county health problems. It establishes priorities based on the size and seriousness of the problem as well as the effectiveness of the available interventions. Prioritization of the multiple health problems identified is necessary so that community resources can be directed appropriately.

Summary of Each Key Document

1. **The Internal Capacity Assessment:** The McLean County Health Department internal capacity assessment was conducted in the fall of 2008 as part of the Department's Strategic Plan (2008-2013). Department heads chose to utilize the APEX-PH Index worksheet and "Operational Definitions for a Functional Local Health Department" worksheets to assess the health department. The process entailed the assessment of key components through the APEX-PH Index by management staff, who then determined the importance area for each criterion within the APEX-PH Index and listed strengths, weaknesses, opportunities and threats (SWOT). The results of the environmental scan, functional standards assessment, and the SWOT analysis yielded twelve major objectives for the 2008 – 2013 period. At its meeting on Wednesday, November 5, 2008, the McLean County Board of Health approved the Strategic Plan (Attachments #2 and #3).

2. **The Needs Assessment of Health Indicators:** Collection, review and CHAC analysis of McLean County health indicators and other health-related data occurred from May 2011 through December 2011, with additional data added through February 2012. Examples of county-specific data sources utilized for the analysis include: 1)IPLAN Data Set (2000 - 2008); 2)IQUERY Data System; 3)MCHD statistics: from Communicable Disease, Environmental Health, Women Infants and Children (WIC), Family Case Management (FCM), Animal Control, and Dental Clinic; 4) The McLean County Behavioral Risk Factor Survey (BRFS) of approximately 400 adults commissioned by the Illinois Department of Public Health (IDPH) and conducted in October 1997, February 2002, August 2004, and November 2008; 5) The *Community Report Card for McLean County, IL:* (MCHD All Our Kids: Early Childhood Network), and the *County Health Rankings*.

   On October 19th and December 6, 2011, the CHAC reviewed and discussed preliminary findings from the health indicator data assessment. Among the findings: McLean County's top leading causes of death have varied little over the past ten years. The list of leading causes of death using the most current available data (2008) includes the following: diseases of the heart (25% of all deaths); cancer/malignant neoplasms (24%); coronary heart disease (17%); and lung cancer (7%). The analysis and subsequent decisions in January 2012 by the CHAC produced a list of 21 preliminary health concerns:

   1. Cardiovascular Disease
   2. Cancer
   3. Cerebrovascular Disease
   4. Diabetes
   5. Cirrhosis
   6. Obesity
   11. C-Section Rate
   12. Congenital Anomalies
   13. Infant Mortality Rate
   14. Very low birth weight
   15. Breastfeeding
   16. Prenatal Care Access

7. Behavioral Risk Factors
8. Oral Health
9. Mental Health
10. Suicide
17. Sexually Transmitted Diseases
18. Tuberculosis
19. Vaccine Preventable Diseases (children)
20. Toxic wastes/hazardous waste disposal
21. Radon

These 21 preliminary health concerns were thoroughly discussed by the CHAC in January 2012 in order to reduce the list in preparation for the health problem prioritization process, the Hanlon Method, occurring in February 2012. Some of the health problems were combined into categories, and others were set aside. The final list of the county's top 8 health problems was determined at the January 25, 2012, CHAC meeting:

1. Cancer
2. Chronic Liver Disease and Cirrhosis
3. Infant Mortality
4. Mental Health
5. Obesity
6. Oral Health
7. Sexually Transmitted Diseases
8. Toxic wastes/hazardous waste disposal

The list of eight health problems above was then used in February 2012 when the CHAC applied the Hanlon Method to the eight health problems to determine the county's top three health problem priorities.

Among the eight, Hanlon priority scores ranged from a low of 80 to a high of 210. Four health concerns rose to the top – cancer, mental health, oral health, and obesity. After some discussions with the CHAC, consensus was reached to include 3 of the 4 health problems in the new CHP: obesity, mental health, and oral health. Cancer interventions have been a part of the every CHP since 1994. The CHAC discussed current cancer resources and decided that, in the past 18 years, additional resources have been developed in the community for cancer treatment and prevention, thus allowing the 2012-2017 CHP to focus on the other 3 identified priority health concerns. Priority scores for the chosen 3 health concerns were:

Obesity
(Priority Score = 140)

Mental Health
(Priority Score = 189)

Oral Health
(Priority Score = 210)

Effective interventions for all three of these health problems have been in use across the nation for many years, which contributed to the decision to choose these three health problems as McLean County's top three health priorities for Round 4 of the McLean County Community Health Plan for 2012-2017.

3. **The McLean County Community Health Plan (CHP):** The CHP identifies the county's top 3 health problem priorities, the risk factors that contribute to them, and the effective intervention strategies that will be used to reduce their negative impact on the health status of the community. In the process of developing the Community Health Plan, the McLean County Health Department stressed that the product is a ***community*** plan, not merely the province of the McLean County Health Department; therefore, community participation and ownership in the CHP development *process* is an integral component of assuring the success of *implementation*. In the fall of 2012, the CHAC will form implementation task forces which will then move forward with community partners to address the interventions identified in the McLean County Community Health Plan.

   The CHAC approved the CHP at the April 19, 2012 meeting and recommended its submission in May to the McLean County Board of Health. Final approval and adoption of the entire Community Health Needs Assessment and Community Health Plan document occurred at the McLean County Board of Health meeting on May 9, 2012 (Attachment #4 and #5).

Summary

To address the multiple challenges inherent in attempts to improve health outcomes in the three priority health problem areas, McLean County will need to maintain and expand its partnerships, continue to seek out alternative funding sources, focus on risk factor reduction, and utilize the most recent data available to influence: a) policy changes, b) choice of interventions; and, c) behavior/lifestyle changes in the community. The implementation task forces and the on-going dedicated efforts of the Community Health Advisory Committee will continue to meet the challenge of improving the health of all residents in McLean County. Working together, the county will be healthier by the year 2017.

Executive Summary Attachments:

#1 Community Health Advisory Committee (CHAC) Membership
#2 McLean County Board of Health Members
#3 McLean County Board of Health Meeting Minutes from November 5, 2008
#4 Copy of Letter to Tom Szpyrka from Board of Health President, dated May 9, 2012
#5 McLean County Board of Health Meeting Minutes from May 9, 2012

Community Health Advisory Committee (CHAC)

Community Members
2011 and 2012

James Almeda
Illinois State University, Health Promotion & Wellness

Tom Barr
McLean County Center for Human Services

Michelle Brown
OSF St. Joseph Center for Healthy Lifestyles

Laurine Brown
Illinois Wesleyan University

Jolene Clifford
Community Cancer Center

Mary Cranston
Illinois State University, Mennonite College of Nursing

Sally Gambacorta
Advocate BroMenn Medical Center

Joe Gibson
Bloomington Township

Glen Harris
American Red Cross of the Heartland

Kellie Henrichs
Project Oz

Brett Howe
Four Seasons Association

Andrea Kane
Advocate BroMenn Medical Center

Beth Kimmerling
McLean County Coroner

Christy Kosharek
Spice of Marcfirst

Ashley Long
United Way

Barb McLaughlin-Olson
Heartland Community College

Angie McLaughlin
Community Healthcare Clinic

Marilyn Morrow
Illinois State University, Health Sciences

Jenny Messier
Advocate BroMenn Medical Center

Catherine Miller
Illinois State University, Mennonite College of Nursing

Julie Ornee
United Way

Trina Scott
Immanuel Health Center

Chris Wellin
Illinois State University, Department of Sociology

Stacy Van Scoyoc
Dentist

McLean County Health Department CHAC and Needs Assessment Work Group Members
2011 and 2012

Susan Albee
Tom Anderson
Laura Beavers
Trish Cleary
Linda Foutch
Walt Howe
Melissa Graven
Marie McCurdy
Maureen Sollars
Kim Anderson
Cathy Coverston Anderson
Tammy Brooks
Angie Crawford
John Hendershott
Heidi German
Jackie Lanier
Jan Morris

McLean County Board of Health Members 2012

Becky Powell, President
Community Cancer Center

Jane Turley, Vice President
Illinois State University

Cory Tello, Secretary
District 87

Kurt Bowers, DDS

Lisa Emm, MD

Cindy Kerber, PhD
Illinois State University

David Naour, MD

Ben Owens
Representative, McLean County Board

MINUTES
McLEAN COUNTY BOARD OF HEALTH
REGULAR MEETING – NOVEMBER 5, 2008

MEMBERS PRESENT: Steadman, Kerber, Moss, Pilcher, Powell, Tello, and Turley

MEMBERS ABSENT: Emm

STAFF PRESENT: Keller, Anderson, Mayes, and Voss

CALL TO ORDER: Steadman called the Board of Health meeting to order at 5:30 p.m., with no corrections to the agenda.

PUBLIC PRESENT:

MINUTES: Steadman requested approval for the minutes of October 1, 2008, and noted that there was a correction. The Gary Johnson Dental Extraction clinic is going to be November 8th instead of November 11th.

Powell/Kerber moved and seconded the approval for the corrected minutes of October 1, 2008. Motion carried.

CONSENT AGENDA - November

1. Bills to be Paid (September 2008)

Health Department	112-61	$288,741.75
Dental Sealant	102-61	21,759.28
WIC	103-61	29,108.13
Preventive	105-61	13,053.91
Family Case Mmgent	106-61	66,989.90
AIDS/CD	107-61	20,084.23

Turley/Pilcher moved and seconded the approval for the Consent Agenda as presented. Motion carried.

COMMITTEE REPORTS: None

BOARD EDUCATION: Keller provided background information on the new Electronic Death Registration System (EDRS). He explained that several years ago Representative Dan Brady had sponsored a bill to collect $2 from each death certificate purchase to fund a statewide electronic death certificate system. Beginning October 6, 2008, 12 pilot counties rolled out the system they include: Cass, Christian, DeWitt, Logan, Macon, Menard, Morgan, Moultrie, Piatt, Sangamon, Shelby, as well as McLean County.

Voss distributed a copy of the new death certificate form and explained the process and changes. One of the major changes is that the funeral directors will be entering information into the statewide computer system and once their share is completed, local registrars will be able to review and complete.

OLD BUSINESS: Keller requested approval for the CONTINUING GRANT, contract amendments with DHS for the FY09 WIC grant in the amount of $29,500. The overall department WIC Grant is increased from $371,000 to $385,500 and the breastfeeding consultant agreement increases from $2,500 to $17,500. An additional $2,500 was awarded for breastfeeding activities. The department has received approximately $20,000 annually to help support the WIC breastfeeding peer counselor and breastfeeding activities. The original contract appropriated was for only $2,500 for this purpose. The amendment restores the breastfeeding peer counselor appropriation and breastfeeding activities agreements to their FY08 levels. Keller stated that the overall WIC program increase will likely result in a caseload modification.

Pilcher/Turley moved and seconded the approval for the CONTINUING GRANT, Contract Amendments with DHS for FY09 WIC Grant in the amount of $29,500. Motion carried.

Keller requested approval for the FY09 IDPH Potable Water Supply Program, January 1, 2008 through December 31, 2008. Included in the packet was a letter of agreement from the Illinois Department of Public Health to continue services under the potable water supply program. Under the agreement the department receives $50 for each active transient non community public water supply surveyed. Keller mentioned that there is a $1200 cap.

Anderson further explained that this is for rural, private (community wells) which are inspected and surveyed by the department. He noted that Hazy Hill, Funks Grove, Mustang Sally's in LeRoy as examples.

Pilcher/Powell moved and seconded the approval for the FY09 IDPH Potable Water Supply Program, January 1, 2008 through December 31, 2008. Motion carried.

Keller requested approval for the drafts presented to the Board at the October meeting for both the Strategic Plan and Mental Health Plan. Keller further explained that both are working documents and after a new director is hired the Board could make the decision to craft full fledge documents.

Kerber/Turley moved and seconded approval for the Strategic and Mental Health plans. Motion carried.

NEW BUSINESS: Keller requested approval for the CY2009 continuing contracts, Animal Control, Dental Clinician, and Medical Advisor as presented. Keller explained that the municipal animal warden and animal control center service agreements generate approximately $150,000 toward the animal control program's budget. These

contracts are up for renewal January 1st and represent only the rural governmental jurisdictions. The number of those contracts has declined over the years, due in large measure to the lack of cost effectiveness in delivering response warden services to distant rural jurisdictions. Contracts for both the city of Bloomington and the town of Normal are established on an April 1st - March 31st fiscal year. A dental service contract renewal is extended for Dr. Jerome Mitchell and Dr. Diane Caruso. A contract level with OSF is established for Dr. Kenneth Inoue as medical advisor. The TB Board will approve the independent contract with Dr. David Skillrud as tuberculosis care and treatment clinic medical director at the January 7, 2009 meeting.

> Turley/Kerber moved and seconded to approve the CY2009 CONTINUING CONTRACTS, various animal control, dental clinicians, and the medical advisor. Motion carried.

Keller requested approval for the 2009 meeting schedule. Once again, all meeting dates are scheduled for the first Wednesday of each month at 5:30 p.m. The July meeting has been moved due to the fact that July 1st is close to the 4th of July weekend and attendance may be sparse. That meeting has been rescheduled for July8th. However, it has been the custom of the Board to cancel the July meeting unless pressing business is at hand.

> Powell/Picher moved and seconded to approve the schedule of meetings for 2009 as printed. Motion carried.

Keller stated that it has been the Board's custom to cancel the December meeting and substitute an Executive Committee meeting in December to handle routine business and conduct the director's performance evaluation. The Executive meeting will be held on December 3rd at 5:30 p.m.

> Kerber/Turley moved and seconded to cancel the December 3rd meeting. Motion carried.

DIRECTOR'S REPORT: Keller noted that at the Executive Committee meeting in December he will present the Asthma Education grant in the amount of $5,000 or approval and the meeting in January of 2009 as a Consent Agenda item.

Keller stated that during early December both the recruitment ad and
brochure for replacement of the director's position will be sent to local health department, the Pantagraph, County Website, and other publications.

Keller explained that with the resignation of County Veterinarian Dr. Randy Brunswick, staff is working on a veterinarian services agreement which will include emergency services for animals. An update will be provided at the January Board meeting.

STAFF REPORTS: Anderson reported for the Environmental Health division that there are 772 food establishments currently licensed in McLean County.

5:50 p.m. Tello arrived

Anderson noted that the division is not seeing as many plan proposals for new food establishments in the county and only received three for October, although two new establishments recently opened - El Toro and Walgreens on South Main in Bloomington.

Anderson explained that staff is planning a classroom instruction for January or February to educate food permit holders on amendments to the State food code. This will be a PowerPoint presentation and is going to be offered so that there are no surprises to food establishment operators when they are inspected under the new code.

Anderson reported that sign posting for the Smoke-Free Illinois act has been confirmed with 605 establishments and no major violations have occurred although staff has worked with a couple facilities and there is an upcoming compliance meeting scheduled on November 6th with one establishment.

Mayes noted that the Personal Health Services Division has been holding flu clinics in the community and have four more planned and have plenty of available vaccine. Recently, the Department sold 150 doses to a neighboring county. Tello inquired when we would stop offering vaccine or return it. Mayes noted that staff will continue to vaccine so long as the supply lasts. Pilcher offered that flu vaccines are still effective in March or April. Keller explained that the County buys vaccine in a bulk rate with other local health departments to reduce the cost. Vaccine under the bulk purchase agreement cannot be returned for credit.

Mayes reported that with the stable staff in CD that area has seen recent increases in services. She shared some statistical numbers for comparison.

Mayes explained that the dental clinic continues to be busy. The next available appointment for the children's dentist is January 13, 2009, the dental hygienist is December 15th, and the next available adult dentist appointment is January 2nd. She reminded everyone that the Gary Johnson Extraction clinic will be held November 11th.

BOARD ISSUES: None

McLean County
Health Department
Partners in Prevention

200 W. Front St., Rm. 304 • Bloomington, IL 61701

May 9, 2012

Tom Szpyrka
IPLAN Administrator
Illinois Department of Public Health
Division of Health Policy
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Szpyrka:

At its meeting on Wednesday, May 9, 2012, the McLean County Board of Health reviewed and approved the *McLean County Community Health Plan and Needs Assessment (2012-2017)*, prepared by the McLean County Health Department and the Community Health Advisory Committee, for submission to the Illinois Department of Public Health, Division of Health Policy, by July 1, 2012. The McLean County Health Department completed a Strategic Plan (2008-2013), which included an organizational capacity assessment, in Fall of 2008. At its meeting on Wednesday, November 5, 2008, the McLean County Board of Health approved the Strategic Plan. Please find attached a copy of the minutes of the November 5, 2008 meeting, documenting the discussion and approval.

This letter confirms the McLean County Board of Health's approval and adoption of the *McLean County Community Health Plan and Needs Assessment (2012-2017)* and the *Internal Organizational Capacity Assessment (2008)*, in fulfillment of the requirements identified in *Illinois Administrative Code*, Section 600.410 Requirements for IPLAN or an Equivalent Planning Process, Title 77 (Public Health), Chapter 1 (Department of Public Health), SubChapter H (Local Health Departments), Part 600 Certified Local Health Department Code.

Thank you for your attention.

Sincerely,

Becky Powell

Becky Powell,President
McLean County Board of Health

cc: Walter P. Howe, Director

(309) 888-5450 • TDD (hearing impaired use only) 1-800-526-0844
www.mcleancountyil.gov/health

MINUTES
McLEAN COUNTY BOARD OF HEALTH
REGULAR MEETING – MAY 9, 2012

MEMBERS PRESENT: Powell, Bowers, Emm, Kerber, Owens, Tello and Turley

MEMBERS ABSENT: Naour

STAFF PRESENT: Howe, Anderson K, Anderson T, Coverston Anderson, Dreyer, and Voss

CALL TO ORDER: Powell called the T.B. Board meeting to order at 5:48 p.m., with no corrections to the agenda.

PUBLIC PRESENT:

MINUTES: Powell requested approval for the minutes of January 11, 2012.

Emm/Owens moved and seconded the minutes of January 11, 2012. Motion carried.

CONSENT AGENDA

1. Bills to be Paid

		January 2012	February 2012	March 2012	April 2012
Health Dept	112-61	$741,326.27	$154,127.12	$181,683.10	$131,427.02
Dental Sealant	102-61	20,589.94	25,197.05	27,008.88	75,834.74
WIC	103-61	8,308.28	12,994.76	13,204.29	7,868.21
Prev Health	105-61	3,066.11	4,443.35	9,845.23	4,256.93
Family Case	106-61	16,599.08	19,049.98	24,176.51	13,166.71
AIDS/CD	107-61	4,972.63	5,190.80	9,345.44	5,671.67

Owens/Turley moved and seconded the Consent Agenda as printed. Motion carried.

COMMITTEE REPORTS: Coverston Anderson reported for the Scott Commission noting that last month there was not a meeting due to the lack of a quorum. She reported on some January 2012 statistics: $74.58 average price paid for prescriptions; $2500 total paid out for prescriptions; 91 trips were made delivering clients to appointments; $1900 paid out for dental procedures; 42 patients had eye exams; and 79 pairs of glasses were dispensed.

Coverston Anderson noted that the Commission is meeting to discuss how to expend some additional revenue. Howe reported that the Health

Department gave them some options. Coverston Anderson explained that there is interest in paying an adult dentist to see patients one Saturday a month for needed dental services. Tello inquired as to the amount. Coverston Anderson stated that it was approximately $25,000.

OLD BUSINESS: Howe requested approval for the CONTINUING GRANT, IDPH Asthma from a Public Health Perspective Grant. Funds for the program which entails providing asthma action plans and asthma education for people with asthma and for those involved in the care of people with asthma. The $3,250 award covers the period September 1, 2011 through August 31, 2012. Howe explained that staff has involved school nurse in the community the option of materials for 2nd graders. Currently there are 11 partner schools offering the education services. Howe also shared some of the educational materials with the Board.

Turley/Bowers moved and seconded the approval for the CONTINUING GRANT, IDPH Asthma from a Public Health Perspective grant in the amount of $3,250. Motion carried.

Howe requested approval for the CONTINUING GRANT, FY13 Susan G. Komen Grant, April 1, 2012 through March 31, 2013 in the amount of $24,300. Included in the packet was an approved revised budget summary page. The FY13 revised proposal reflects a 40% reduction from the previous year funding level of $40,000. The funds are to be used to deliver the Your Health in Your Hands message to women in 20 rural communities in McLean County. Howe stated that primarily this will reduce staff time compensation. This grant year, Farm Services Company will be sending information to rural customers about the breast cancer awareness and information will be shared with rural libraries. Tello wished to pass kudos's to the individuals that came up with the idea to include the information with bills. Howe shared a couple of books that are shared with rural libraries.

Owens/Emm moved and seconded the approval for the CONTINUING GRANT, FY13 Susan G. Komen Grant, April 1, 2012 through March 31, 2013 in the amount of $24,300. Motion carried.

NEW BUSINESS: Howe requested approval for the FY13 Mental Health & Substance Abuse Funding. As previously stated, initial recommendations were sent out to Board Members based upon preliminary review of agency applications, Board planning and funding priorities, and information gathered through agency reviews. Howe also mentioned that agencies submitted information and again, state funding is cutting into budgets. As in the 377 Board meeting Howe distributed a copy of four recommendations for the Board to approve. Option #1 contained a 1% increase for each agency; Option #2 contained a 2% increase for each agency; Option #3 contained a 1% increase for each agency but leaves Drug Court at level funding, reduces AVERT by 46% and allows for an increase to the FY14 contracts. However, Howe noted that if AVERT received flat funding the levy increase would be 1.47%. If Drug Court received an 1% increase and AVERT remained with decreased funding the levy increase would be 1.32%. Option #4 increases

each agency by 2% but again leaves Drug Court at level funding and reduces AVERT by 46%.

Howe updated the Board concerning the hiring of the advanced practice nurse at CHS to provide clients psychiatric services. Bowers inquired about the percentage of the funding for Drug Court. Howe explained the constraints of the Health Department and further explained the room in the Health Department levy. Powell noted that Drug Court has been very successful. Howe explained that since the program really is run by Court Services, the reports that the Department are also being shared with Court Services. Powell questioned if the advance practice nurse is seeing patients at Center for Human Services. Howe stated that she began seeing patients in May.

Tello questioned if mental health services was using the levy. Howe explained that current services are fine in the levy but the issue is the overall levy. Owens added that for the County is not looking good for the levy as a whole and he believes Option 3 is a conservative approach.

> Owens/Tello moved and seconded the approval of Option 3 for the FY13 Mental Health & Substance Abuse Funding. The agency and amounts as follows: Center for Human Services – ECI $365,915, Psychiatrist $311,868; Chestnut - $145,440, Drug Court $182,064; Project Oz $56,867; PATH, $38,020; and AVERT, $5,501. Motion carried.

6:08 p.m. Owens left.

Howe requested approval for the CONTINUING GRANT FY13 – Bloomington & Normal, Animal Contracts. The Town of Normal's agreements run April 1, 2012 through March 31, 2013 and the City of Bloomington's agreements cover the period May 1, 2012 through April 30, 2013. All contracts were approved with no issues and easy to prepare.

> Tello/Turley moved and seconded the approval for the CONTINUING GRANT FY13 – Bloomington & Normal, Animal Contracts.

Howe requested approval for the CONTINUING GRANT– FY13 IDPH, Local Health Protection in the amount of $180,278. Funds from this grant are used to provide funding to address infectious diseases, food protection, potable water supplies and private sewage disposal throughout McLean County in accordance with the Department of Public Health standards adopted by rule 77 IL ADM Code 615. The award covers the period July 1, 2012 through June 30, 2013. Howe noted that the department matches $864,004 to further provide the amount to fund these programs.

> Emm/Bowers moved and seconded the approval for the CONTINUING GRANT– FY13 IDPH, Local Health Protection in the amount of $180,278. Motion carried.

Howe requested approval for the CONTINUING GRANT, FY13 IDPH, Genetics Grant in the amount of $11,500. The funds from this grant are used to support increased availability of genetic services to families who are at risk or have

a genetic concern or condition by screening clients with the IDPH Family Health History Questionnaire for participation. Client education, follow-up and referrals are made as appropriate. This $11,500 grant represents flat funding from FY12.

Tello inquired if this covers screening and referral. Howe explained that the screening process is done with the questionnaire. Bowers inquired what it entailed. Anderson explained that it is basic family history with genetic questions. Emm inquired how many referrals are made. Anderson noted that in the first quarter of this year seven clients were referred. Howe stated that the department may refer 30clients on for further genetic testing.

Tello/Emm moved and seconded the approval for the CONTINUING GRANT, FY13 IDPH, Genetics Grant in the amount of $11,500. Motion carried.

Howe requested approval for the CONTINUING GRANT, IPHA, HIV Prevention Program, January 1, 2011 through June 30, 2012, in the amount of $50,327. The six month extension carries the grant contract out until June 30, 2012. The extension is designed to put the HIV Prevention Grant back on the standard State fiscal contract cycle that normally runs July through June. The contract extension is pro-rated at the identical rate as the first 12 months of SFY2011. This extension increases the 12 month contract from $33,551 to an 18 month contract.

Howe further explained that it is the same amount of funding just changing the dates. However, staff has begun the process for FY13 and is planning a 50% reduction and the best way to provide services. Tello questioned if this program is being drastically reduced will clients be turned away. Howe explained that the program is looking at what we can do to not turn people away. Turley questioned if the funding was cut just for outreach. Howe noted that staff is looking to integrate services so that clients are provided with needed services.

Tello/Turley moved and seconded the approval for the CONTINUING GRANT, IPHA, HIV Prevention Program, January 1, 2011 through June 30, 2012, in the amount of $50,327. Motion carried.

Howe requested approval for the NEW CONTRACT with Government Payment Service, Inc. (d/b/a GovPayNet). The Participation Agreement with Government Payment Service, Inc to act as the intermediary for the Health Department to accept credit cards from consumers to pay for services provided by the Department. The Provider Agreement secures immediate payment without risk to the Department and passes user fees on to the consumer as negotiated by GPS with the card issuer. The agreement becomes effective for five years with automatic renewal but includes a 30 day out clause for either participant. This agreement will extend credit card acceptance to Visa cards not currently accepted by State of Illinois E-Pay. Dreyer explained that currently the Circuit Clerk is using this service and there is no risk to programs. Tello inquired how soon the service would be in effect. Dreyer hopes to have it operating very soon.

Bowers/Kerber moved and seconded the approval for the NEW CONTRACT with Government Payment Service, Inc. (d/b/a GovPayNet). Motion carried.

Howe requested approval for the NEW CONTRACT with Meridian Health Plan who is a Managed Care Organization engaged and authorized by the Illinois Department of Healthcare and Family Services (HFS) to arrange for the provision of basic health care services to persons enrolled in their prepaid health plan as a Medicaid Home for individuals enrolled in the State Medicaid Program. This agreement will allow individuals who select Meridian as their health care home to be provided Medicaid health services from the McLean County Health Department to which the Health Department will be paid by Meridian Health Plan an agreed rate to serve its clients. Howe explained that staff recommends approving the contract with Meridian Health Plan for the provision of Medicaid services to enrollees of the preselected health care home for State Medicaid services. The program will take affect with the completion of the formalized agreement.

Howe also explained that the Meridian Health plan provides incentive programs with enhanced rates. Tello inquired if payments were received more timely. Howe noted that the bigger issue is competition among other services. This is an avenue to get them done with no loss to services.

Tello/Emm moved and seconded the approval for the NEW CONTRACT with Meridian Health Plan who is a Managed Care Organization engaged and authorized by the Illinois Department of Healthcare and Family Services (HFS) to arrange for the provision of basic health care services. Motion carried.

Coverston Anderson requested approval and adoption of the 2012- 2017 McLean County Health Department IPLAN. Included in the plan was an Executive Summary that gave an overview of the needs assessment, plan and process. A State-approved IPLAN is a necessary component of a local health department's certification process. Coverston Anderson was pleased with the Community Health Advisory Council (CHAC) member's work, which included 25 members from 18 organizations, and stated that it was a very solid plan. Coverston Anderson let the Board know that many thanks were owed to Jackie Lanier, health promotions specialist, who kept everyone on track and assured the document contained all the necessary elements.

Tello inquired about it being an evidence based plan. Coverston Anderson stated that the documentation included in the plan contained evidence based elements taken from numerous sources and she felt it was the closest true community health plan McLean County has submitted to date. After final review, it will be submitted to the State for adoption.

Kerber/Bowers moved and seconded the approval for the adoption of the 2012 through 2017 IPLAN, and forward it to the State. Motion carried.

DIRECTOR'S REPORT: Howe directed the Board to pages 10 and 11 in the packet and discussed the summaries. Howe explained that all organizations increased services except for Center for Human Services. He further noted that the decline in services

should improve with the hiring of the advanced practice nurse.

STAFF REPORTS: Anderson reported for the Environmental Health division and explained the report on packet pages 12-15. Anderson noted that currently there are 810 active food permits compared to 800 this time last year and that there are 114 temporary permits compared to 97 at the end of May last year. Anderson reported that his division has recently had inquiries about mobile food units. Bowers inquired about what makes a permit mobile. Turley inquired about ice cream trucks. Anderson further explained that any food holder that drives from location to location to serve food items.

Anderson explained that permits issued for replacement of a previous illegal system for the year are down to 12 versus 16 at this time last year. Anderson did report that 3,000 gallon of raw sewage was removed per day by these replacements. However, septic system evaluations received and reviewed for the year was up to 62 versus 41 this time last year. Anderson noted that with the warmer weather staff has seen an increase in food complaints and solid waste inquires which may be because more people are out and about early this year.

Anderson gave an update on the States NPDES program. He reported that he attended several meetings about the issues and he felt none of the agencies are going to be meeting the January 1, 2013 Federal (USEPA) deadline. The activation date is more general and issues will have to be complied with in 6 months.

Tello inquired about the permit from the USEPA
. Anderson stated that yes, if they can acquire documentation that the department can approve. The burden of proof will be on the property owner. Anderson further explained that Health Department staff will be fielding a lot of questions regarding the legislation and will forward them to Region 6 ILEPA in Chicago. Discussion followed. Anderson noted that currently there are 9200 active septic permits in the County and 2000 of them are surface discharge. All of this stems from the Clean Water Act.

Anderson reported that the West Nile Virus program is underway and that WNV surveillance will begin on May 21, 2012 and he explained that there will be three locations monitored versus two from last year.

Dreyer reported for the Administration division and reviewed the pages on packet pages 17-20.

Community Health Services 21-24

Maternal Child Health Services 26-27

Health Education 28

BOARD ISSUES: None

ADJOURN: Tello moved and the Board of Health meeting was adjourned at 7:26 p.m.

The
McLean County

Community Health Needs Assessment

Prepared by

The McLean County Health Department

And

The Community Health Advisory Committee

From

May 2011 to May 2012

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Introduction
To the McLean County

Community Health Needs Assessment

May 2011 - February 2012

Statement of Purpose

The community health needs assessment is a critical component to the development process for the new community health plan (CHP) for 2012-2017. It contains McLean County-specific health indicators that have been compared to state and national indicators, when available, and utilizes Healthy People 2020 objectives/targets to assess where improvements are needed. The data from the needs assessment provides valuable information to the public, stakeholders, and policy makers on the health status of the community as well as existing resources and assets to address health issues. It provides the foundation for planning, setting priorities and policy, coordination of resources, and the development of the community health plan.

Community Participation

The Community Health Advisory Committee (CHAC) is comprised of 24 community members representing 17 organizations. Members of the CHAC and McLean County Health Department (MCHD) staff were instrumental in gathering and analyzing local data to determine priority areas of concern. Additional entities and individuals outside of the CHAC involved included: Chestnut Health Systems; OSF Center for Healthy Lifestyles staff meeting; AOK network meeting; Mental Health America meeting; Illinois Association of Free and Charitable Clinics meeting; McLean County Dental Society meeting; Advocate BroMenn Community Health Council meetings; Illinois Wesleyan University Health curriculum classes, the School of Nursing, and Department of Environmental Studies; United Way Health Vision Council; Judges from the Recovery Court; March of Dimes Program Services Committee; PATH; and, Illinois State University Health Sciences Department, School of Nursing, and Social Work Department. The CHAC was involved in every step of the needs assessment process including gathering and analyzing local data.

Process

To conduct the McLean County Health Needs Assessment, MCHD staff and CHAC members collected and analyzed county-specific data from May 2011 through February 2012. Additional data were incorporated into the assessment as it became available until February 2012, when final decisions about the county's key health concerns were being made by the CHAC. Examples of county-specific data sources utilized for the analysis include:

1. IPLAN Data Set (2000 - 2008)
2. IQUERY Data System

3. MCHD statistics: from Communicable Disease, Environmental Health, Women Infants and Children (WIC), Family Case Management (FCM), Animal Control, and Dental Clinic.
4. The McLean County Behavioral Risk Factor Survey (BRFS): commissioned by the Illinois Department of Public Health (IDPH) and conducted in October 1997, February 2002, August 2004, and November 2008 by Northern Illinois University, via telephone survey, contacting approximately 400 adult (age 18 and over) county residents with each survey.
5. The *Community Report Card for McLean County, IL:* prepared by the McLean County Health Department All Our Kids: Early Childhood Network.
6. Other Examples: U.S. Census data from 2010; crime statistics from local police departments; IDPH maternal/child health statistics; 2010 Illinois Youth Survey; Illinois County Cancer Statistics Review-Incidence 2004-2008; 2011 Demographic Profile from the Economic Development Council of Bloomington; Illinois Poverty report by Heartland Alliance; IDPH Birth Defects and other Adverse Pregnancy Outcomes in Illinois (2004- 2008); Illinois Environmental Protection Agency, *County Health Rankings and Roadmaps* (2011 and 2012); and, Bloomington/McLean County Household hazardous waste collection reports.

Health Department staff presented a preliminary data analysis to the CHAC in October and December 2012, and identified preliminary areas of health concerns. Further input from the CHAC was solicited and additional data were obtained and analyzed, resulting in a list of 21 health concerns. These 21 preliminary health concerns were then reduced to a final list of the county's top 8 health problems on January 21, 2012. Results from these discussions are presented below.

Results

On October 19th and December 6, 2011, the CHAC reviewed and discussed preliminary findings from the health indicator data assessment. Among the findings: McLean County's leading causes of death have varied little over the past ten years. The list of leading causes of death using the most current available data (2008) includes the following: diseases of the heart (25% of all deaths); cancer/malignant neoplasms (24%); coronary heart disease (17%); and lung cancer (7%). The analysis and subsequent decisions in January by the CHAC produced a list of 21 preliminary health concerns:

1. Cardiovascular Disease
2. Cancer
3. Cerebrovascular Disease
4. Diabetes
5. Cirrhosis
6. Obesity
7. Behavioral Risk Factors
8. Oral Health
9. Mental Health
11. C-Section Rate
12. Congenital Anomalies
13. Infant Mortality Rate
14. Very low birth weight
15. Breastfeeding
16. Prenatal Care Access
17. Sexually Transmitted Diseases
18. Tuberculosis
19. Vaccine Preventable Diseases (children)

10. Suicide
20. Toxic wastes and hazardous waste disposal
21. Radon

These 21 preliminary health concerns were thoroughly discussed by the CHAC in January 2012 in order to reduce the list in preparation for the health problem prioritization process, the Hanlon Method, occurring in February 2012. Some of the health problems were combined into categories, and others were set aside. The final list of the county's top 8 health problems was determined at the January 25, 2012, CHAC meeting:

1. Cancer
2. Chronic Liver Disease and Cirrhosis
3. Infant Mortality
4. Mental Health
5. Obesity
6. Oral Health
7. Sexually Transmitted Diseases
8. Toxic wastes and hazardous waste disposal

To assist with choosing the top three health priorities for the county, each of the 8 problems listed above were further analyzed and described in the document, *McLean County Health Problems: The Size of the McLean County Health Problems—February 2012*, found in the next section of this document, *The Prioritization of Community Health Problems*. This information was then used in February 2012 when the CHAC applied the Hanlon Method to determine the county's **top three health problem priorities, which are listed below**:

1. ***Obesity***
2. ***Mental Health***
3. ***Oral Health***

These three priority health problems were then the basis for the next 5-year McLean County Community Health Plan (2012-2017).

Needs Assessment Data Summary

The following pages contain a health indicators summary. The data summaries are via bullet points for each of the seven required IPLAN Data Set indicator categories:

1. demographics and socioeconomic characteristics
2. general health and access to care indicators
3. maternal and child health indicators
4. chronic disease indicators
5. infectious disease indicators
6. environmental health/occupational health/injury control indicators
7. sentinel events indicators

McLean County
Community Health Needs Assessment
Summary

May 2011 - February 2012

Health Indicator Categories

A. Demographic and Socioeconomic Indicators

B. General Health and Access to Care Indicators

C. Maternal and Child Health Indicators

D. Chronic Disease Indicators

E. Infectious Disease Indicators

F. Environmental Health/Occupational Health/Injury Control

G. Sentinel Events

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A. Demographic and Socioeconomic Key Indicators

1. Population growth
2. Race and ethnicity
3. Distribution by Age
4. Unemployment
5. Rural Population
6. Single Parent Households
7. Population non-high school graduate
8. The % of the Population in Poverty
9. The % of the Population on Medicaid
10. The % of the Population Receiving Food Stamps
11. The % of the Population Uninsured (Ages 18 - 64)

An analysis of demographic data reveals the following:

(Back to Indicator Listing)

1. Population growth

- The U.S has had a 9.7% population growth from 2000 to 2010.
- The State of Illinois had a 3.3% population increase from 2000 to 2010.
- The county's population increased from 83,877 in 1960 to 169, 572 in 2010, which is an increase of over 102% in 50 years.
- From 1980 to 2010, McLean County experienced more absolute growth than any other Illinois county outside the Chicago region.
- McLean County has had a 12.7% population increase from 2000 to 2010.
- A special Census was conducted in Bloomington and Normal for 2006 directed by the Economic Development Council. Since the 2000 Census to 2006, Bloomington has grown by 8.5% and Normal has grown by 11.6%.
- In 1960, the Bloomington-Normal metro area population accounted for over 59% of the county's population, but by 2010 the urban area population more than doubled to more than 76% of the county's population.
- The rural area is more modest at over 6,100 residents, or nearly 18% during the same 50-year period from 1960 to 2010.
- Estimated Population, McLean County:
  - 1980: 119, 149
  - 1990: 129, 180
  - 1995: 139,807
  - 2000: 150, 433 (U.S. Census)
  - 2005: 160, 003
  - 2010: 169, 572 (U.S. Census)
- The estimated county population by 2020 is 186, 209.
- Almost 10,000 students live in college dormitories or housing. The United Way Community Assessment of Need (CAN) Report of 2004 indicates enrollment changes at the post-secondary institutions do not appear as significant factor in the county's growth.

Table I Population Growth between 2000 and 2010

Population Growth
2000 to 2010

	2000 Census	2010 Census	%Change
U.S.	281,421,906	308,745,538	+ 9.7%
Illinois	12,419,293	12,830,632	+ 3.3%
McLean Co.	150,433	169,572	+ 12.7%

Source: U.S. Census Bureau (/population/estimates/county); United Way Community Assessment of Need (CAN) Report, *2004* Demographic Profile, 2006 Economic Development Council.

2. Race and Ethnicity

- In Illinois, life expectancy for blacks (71.7 years) is 5.7 years less than that for whites (77.4 years). The age gap between black and white in 1990 was nine years.
- The greatest change seen in the county between the 2000 and the 2010 Census occurred in the Hispanic and Asian/Pac. Isl. population where the percent change was 98.4% and 130.8%, respectively. However, total percent of the population make-up of minority groups remains relatively small.
- Minority populations including Hispanic, Asian American and Pacific Islander have slowed since 1980-1990. However in 2000-2010, minority populations have significantly increased than in 1990-2000.
- As of 2010, 84% of the county population is white, 16% non-white. The white population has decreased in comparison to the 2000 Census; 89.2% white and 10.8% non-white.

Table II Race and Ethnicity make-up of McLean County

Mc Lean County Race and Ethnicity from 2000 and 2010 Census Data

	2000 (%)	2010 (%)	%Change
Total Pop.	150,433	169,572	+12.7%
White	133,885 (89.2)	142,949 (84.3%)	+6.8%
Black	9,025 (6.2)	12,738 (7.3%)	+ 41.1%
Hispanic	3,760 (2.5)	7,461 (4.4%)	+ 98.4%
Asian/Pac. Isl.	3,159 (2.1)	7,292 (4.3%)	+ 130.8%

Source: U.S. Census Bureau. United Way Community Assessment of Need (CAN) Report, *2004;* 2006 Demographic Profile; Economic Development Council.

3. Age Distribution:

- U.S. and Illinois trends in median age follow the same increasing pattern between 2000 and 2010 from 35.2 to 37.2 in the U.S. and 34.7 to 36.6 in Illinois.
- McLean County has followed the same trend; however, the median age for the county was somewhat younger (30.0 in 2000 to 32.1 in 2010) than the state and nation.
- In McLean County, the median age for blacks (22.8 years) was less than that for whites (31.9 years), and the total population (32.1 years).
- In 1990, the median age in McLean County was 28.8. For blacks: 22.0 and for whites: 29.4.
- There has been an increase in a median age from 28.8 to 32.1 for the total population of McLean County in 2010.
- As of 2010, 22.7% of the county population is under age 18 (38,493) and 10.2% (17,340)

is age 65 or older. Since the 2000 Census, the percent population under 18 has decreased slightly. The percent population over the age of 65 has increased slightly by .5% since 2000.

Table III Dependency Indicators

	2000			2010		
	% <18	**% >65**	**Med. Age**	**% <18**	**%>65**	**Med. Age**
U.S.	25.7	12.4	35.3	24	13.0	37.2
IL	26.1	12.1	34.7	24.4	12.5	36.6
McL.	23.5	9.7	30.0	22.7	10.2	32.1

Source: U.S. Census Bureau.

4. Unemployment

(Back to Indicator Listing)

- From 2000 to 2010, the unemployment rate fluctuated within the county, state and nation. Unemployment rates increased in the state and nation in 2001 and have remained high. Within McLean County, the unemployment rate has significantly increased since 2000 and is at its highest in 2010 at 6.9%.
- The unemployment rate for McLean County's black population has been consistently more than two-times higher than the county's white population throughout 1990-2003.
- The county unemployment rate has increased 37.3% from 2003 (2.9) to 2004 (4.5).
- In 2005, unemployment began to decrease in the county between 2005 (4.1) – 2006 (3.5).
- In 2006, unemployment began to increase again between 2006 (3.5) – 2010 (6.9).
- Disparities exist among races with black having a higher rate nationally (13%) and in Illinois (19.4%), compared to whites and Hispanics.

Table IV Unemployment Figures

	Unemployment 2000 to 2010										
	'00	**'01**	**'02**	**'03**	**'04**	**'05**	**'06**	**' 07**	**' 08**	**' 09**	**'10**
U.S.	3.8	4.4	5.9	6.0	5.6	5.2	4.7	4.5	4.9	8.9	9.8
Illinois	4.2	5.3	6.6	6.6	6.2	5.9	5.1	4.8	5.4	9.4	10.6
McLean Co.	3.4	2.4	2.7	2.9	4.5	4.1	3.5	4.4	4.7	6.1	6.9

Table V. McLean County 2002 – 2012

Table VI US and Illinois Unemployment Figures by Race

Unemployment February 2012		
	US	**Illinois**
White	**7.4%**	**8.4%**
Black	**13%**	**19.4%**
Hispanic	**10.3%**	**12.1%**

Source: McLean County Economic Development Council's *2006 Demographic Profile*; IPLAN Data Set. United Way CAN Report *2004, City Data, U.S Bureau of Labor Statistics*, Illinois Department of Employment Security.* *Updated Census not available*

5. Rural Population:

- The percentage of the population living in rural areas has increased (between the 2000 and 2010 Census) in McLean County.
- Illinois has seen a slight decrease in the rural population (4.4%).

- The significant decrease in rural population for the U.S. can be attributed to the increase of urbanization in the nation.

Table VII Percent of population living in rural areas

Percent Rural Population 2000 and 2010			
	2000	**2010**	**% change**
U.S.	21.0	18.0	- 14.3%
Illinois	13.7	13.1	- 4.4%
McLean Co.	22.0	23.0	+ 4.6%

Source: U.S. Census Bureau; *CIA World Factbook; U.S. Department of Agriculture.*

6. Single Parent Households

- Single parent households in the U.S. increased from 10.2% in 1990 to 18.1% in 2010.
- Single parent households in the state of Illinois over the same time period increased from 9.3% to 17.6%.
- Single parent households in McLean County actually rose from 6.9% in 1990 to 13.1% in 2010, a 74.7%-change compared to a small increase from 1990 to 2000 of less than 1%.
- Median household income for single parent households headed by females was $32,031 in US, well below the median household income (total) of $61,544.

Table VIII Percent of Single Parent Households

Single Parent Households				
	1990	**2000**	**2010**	**% change (2000-2010)**
U.S.	10.2	9.3	18.1	+ 94.6%
Illinois	9.3	8.8	17.6	+100.0%
McLean Co.	6.9	7.5	13.1	+ 74.7%

Source: U.S. Census Bureau.

(Back to Indicator Listing)

7. The % of the Population over 25 who are not High School Graduates

- 15.4% of the U.S. population who are over 25 years of age did not graduate from high school (2009). This number decreased from the 2000 Census (19.6%).

- Similarly, in the state of Illinois in 2009, 14.3% of population over 25 years old did not graduate from high school. This number decreased from the 2000 Census (18.6%).
- McLean County followed the trends of the U.S. and Illinois. The percent of population over 25 who did not graduate from high school decreased from 9.3% in 2000 to 7% in 2009.

Source: U.S. Census Bureau.

8. The % of the Population Living at or Below 100% of Poverty

- The U.S. percent of population living at or below 100% of poverty has risen from 12.4% in 2000 to 14.3% in 2009 compared to a decrease from 1990 to 2000 (13.1 - 12.4%).
- Illinois percent of population living in poverty has risen from 10.7% to 13.3% in 2009 compared to an in decrease from 1990 to 2000 (11.9% -10.2%).
- McLean County had 9.7% of its population living in poverty in 2000 which increased to 14.4% in 2009 compared to a decrease from 1990-2000 (11.9% - 9.7%).
- McLean County's black population lives in poverty at a rate 1.4 greater than for the white population.
- Between 2005 and 2009, there has been an increase of 7098 people in the county living below 100% of poverty.
- As of 2009, McLean County has 13.9% of its population under age 18 living in poverty.
- The cost of living index in McLean County is 80.1, in comparison to U.S. index level of 100.

Table IX % Population living below 100% of poverty by Race - 2009

	%Population Below 100% of poverty by Race		
	White	**Black**	**Hispanic**
U.S.	13	35.0	34
Illinois	11	36.0	31
McLean Co.	15	21.0	16.9

Table X % Population living below 100% of poverty-2009

% Population Below 100% of Poverty

	2000	Population	2009	Population
U.S.	13.1	33.9 million	14.3	44.1 million
Illinois	11.9	1,291,958	13.3	1,680,813
McLean Co.	10.8	13,488	14.4	23,910

Source: US Census Bureau 2000,The Henry J. Kaiser Family Foundation State Health Facts, United Way CAN Report 2004.

9. % Population Receiving Medicaid:

- Since 2000 to 2010, there has been a 10.7% increase of the number of persons receiving Medicaid in McLean County.
- In McLean County (2000), the percentage of blacks receiving Medicaid was 40.4% compared to 11.5% for whites.
- McLean County's rates have been consistently lower than the state's rates.

Table XI % Population Receiving Medicaid 2000 to 2010

% of Population receiving Medicaid 2000 to 2010

	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10
McLean Co.	3.1	5.9	5.8	5.7	5.8	6.0	6.4	6.9	7.5	14.3	13.8

Source: Illinois Department of Healthcare and Family Services, United Way CAN Report 2004.

(Back to Indicator Listing)

10. The % of the Population Receiving Food Stamps:

- McLean County has shown a consistent increase in the percent of the population receiving food stamps between 1993 and 2010 (from 4.5 to 7.1).
- The state has approximately 2 times greater percent of population receiving food stamps.

Table XII % of Population Receiving Food Stamps

% of Population receiving Food Stamps

	1993	2010
McLean Co.	4.5	7.1
Illinois	9.6	9.1

11. The % of the Population Uninsured (Ages Between 18 and 64)

- For both McLean County and the Illinois population, the percentage of the population uninsured has been decreasing. However, the black population in the US has an uninsured rate of 21% compared to whites at 15%.

Source: IPLAN Data Set. U:\IPLAN\IPLAN 2012\IPLAN 2012 Demographics/.

Preliminary Identification of Health Problems Related to Demographic Indicators:

- Economic disparities continue to exist among race/ethnic groups in McLean County:
  - More people are enrolled in Medicaid benefits than years in the past.
  - Blacks and Hispanics live in greater poverty than the white population.
  - Median income for single parent households is significantly less than that of county-wide median household income.
- Median age continues to rise the population ages, although a slight decrease has occurred in the growth of the >65 year old group.
- Unemployment continues to rise. McLean County's unemployment rate is the highest it has ever been, but still under national average.
- Rural population has relatively stayed the same in McLean County in comparison to the U.S. and Illinois in spite of nationwide urbanization.
- Poverty levels continue to rise, and are its highest ever due to nationwide economic recession.

B. General Health and Access to Care Indicators

1. Mortality Rates
2. Leading Causes of Mortality
3. Life Expectancy at Birth
4. Years of Potential Life Lost (YPLL) at Age 65
5. Health Care Coverage
6. Oral Health Care Coverage

An analysis of general health and access to care indicators reveals the following:

1. Mortality Rates

- County age-adjusted mortality rates (total) have been consistently lower than Illinois and U.S. rates.
- Crude mortality rates have experienced a slight increase from 2000-2006, from a rate of 644.1 to 665.1. Crude mortality rates decreased however from 1998-2000 by 5%.
- Crude mortality rates are much higher for whites than blacks:
    - Blacks- 259.9/100,000
    - Whites- 687.0/100,000

2. Leading Causes of Mortality

- For whites (2006)

First = Heart Disease
Second = Malignant Neoplasms
Third = Coronary Heart Disease
Fourth = Lung Cancer

- For Blacks (2006)

First = Heart Disease
Second = Malignant Neoplasms
Third = Diabetes
Fourth = Coronary Heart Disease

- For all (2006)

First = Heart Disease
Second = Malignant Neoplasms
Third = Coronary Heart Disease
Fourth = Lung Cancer

3. Life Expectancy at Birth

- No data available for McLean County
- Illinois: 76.7 years (all); 77.4 years (white); 71.7 years (black).

4. Years of Potential Life Lost (YPLL) at age 65

- Years Potential Life Lost (YPPL): 2006
  Whites = Perinatal Conditions (first) and Coronary Heart Disease (second)
  Blacks = Diseases of the Heart (first) and Coronary Heart Disease (second)

5. Health Care Coverage

- It is estimated that 13.6% of the population in McLean County are publicly insured and 10.1% do not have health insurance. A 2009 report by the Social Impact Research Center in Chicago reported a uninsured rate of 13.7% for Bloomington (N=8,987). For Bloomington: 75.8% private insurance; 13.7% public; 13.7% uninsured.
- Continued erosion of state funding for local mental health services.

6. Oral Health Care Coverage

- Survey participants noted cost, lack of dentists accepting Medicaid, and fear as primary barriers to care in the county.
- United Way Community Assessment of Need Survey reported the "needed dental care" and "can't afford care" was the No. 1 problem.
- One local hospital reports oral health concerns rank with the top 5 reasons for ER visits.
- A phone survey of all dental practices in the county in fall, 2010 by nursing students from Mennonite College of Nursing at ISU revealed that not one dentist accepted All Kids/Medicaid for services (60 dental practices comprised of nearly 100 dentists).
- Medicaid does not pay for preventive oral health care for adults in Illinois.
- MCHD Dental Clinic is the only dental provider routinely accepting children and adults on Medicaid.
- MCHD Dental Clinic for adults has been for pain-control only, with state of IL cuts to coverage for adults anticipated by 7/1/2012. Medicaid coverage for children includes more dental treatment and preventive care.

Oral Health general

- Dental caries (cavities) is the most chronic disease of childhood and one of the leading reasons for school absence; an estimated 51 million school hours per year are lost because of dental-related illness.
- Tooth decay affects more than 25% of U.S. children aged 2-5 and 50% of children 12-15. In lower income families, 50% of all children and 2/3 of adolescents experience tooth decay.
- Early tooth loss caused by dental decay can result in a child's failure to thrive, impaired speech development, inability to concentrate in school, and reduced self-esteem. Children who take a test while they have a toothache are unlikely to score as high as children undistracted by pain.
- Advanced gum disease affects 4-12% of U.S. adults (about 50% are the result of smoking) and ¼ of U.S. adults have lost all of their teeth.

- Nearly 8000 people, mostly older Americans die from oral and pharyngeal cancers each year. More than 36,000 cases are diagnosed each year.
- Oral diseases, ranging from cavities to oral cancer cause pain and disability for millions of Americans each year.
- A recent federal survey of parents revealed that 53% of Latino children, 39% of black children, and 23% of white children have poor oral health.
- Needs are particularly high among poor children: 20.7% of poor white children, 47.2% of poor Mexican-American children, and 43.6% of poor non-Hispanic black children have untreated cavities.
- Among preschool children who are poor, nearly 30% have untreated cavities compared to only 6% among children from families whose income was above 300% of the federal poverty level.
- Medicaid (All Kids) is the principal insurer of children in low income families and its low reimbursement rate discourages participation by dentists.

McLean County

- 80% of adults reported they had visited a dentist in the last year; greater than 10% said they had not been in over 2 years (or never).
- 75% reported they had dental insurance.
- 79% reported they had a teeth cleaning within one year; 21% said it had been more than a year since teeth were cleaned.
- 13% reported fear/apprehension kept them from the dentist; no statistics were available for cost and other reasons for not going to the dentist.
- The Illinois Department of Oral Health reported that 43.5% of McLean County third graders have cavity experience (state rate is 53.2%); statewide, 29.1% had untreated cavities. In urban counties, such as McLean, the rate was 20.9% for untreated cavities.
- Children entering kindergarten, second grade, and sixth grade are required to have a dental exam.

Sources: National Maternal & Child Oral Health Resource Center, 2003; IDPH Oral Health-A Link to General Health, 2004; IDPH Healthy Smile Healthy Growth 2008-2009; HFS website; CDC Oral Health Division; National Association of Dental Plans; Kaiser Commission on Medicaid and the Uninsured; BRFSS data 2003, 2004.

Preliminary Identification of Health Problems Related to General Health and Access to Care Indicators:

- Heart disease and malignant neoplasm consistently rank high as the major causes of YPLL.
- Access to dental care, particularly for Medicaid-eligible adults is minimal, and continues to be a growing concern.
- Continued erosion of state funding for local mental health services is documented.

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C. Maternal and Child Health Indicators

1. Live Births
2. Infant Mortality
3. Low Birth Weight and Very Low Birth Weight
4. Mothers Who Breastfeed Their Infants
5. Mothers Who Smoke
6. Mothers Who Drink
7. Prenatal Care Adequacy
8. Mothers Beginning Prenatal Care in 1st Trimester
9. Infants Positive for Cocaine
10. Leading Causes of Mortality (Children ages 1-4)
11. Percent Births to Teens
12. Child Abuse and Neglect
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14. Hospitalizations for Dehydration and Asthma (in Children)
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16. Method of Delivery
17. IDPA-Eligible Children Receiving EPSDT
18. Other

An Analysis of Maternal and Child Health Data Reveals the Following:

I. Live Births

- McLean County Live Births:
    - Decade Range – 1,990 (2000) to 2,272 (2007)
    - Average for the decade – 2,143 each year
        - 2007 – 2,272
        - 2008 – 2,156
        - 2009 – 2,132
- Birth rates have been decreasing in Illinois over the past decade
    - 185,003 (2000) to 171,077 (2009)
- Race
    - Percent of births to Asian race is increasing:
        - About 4% in 2000 – 8.6% in 2006
    - Percent to White race is decreasing:
        - About 87% in 2000 – 80.7% in 2006
    - Percent to Black race is slightly increasing:
        - About 9% in 2000 – 10.5% in 2006
- Ethnicity
    - Percent of births to Hispanic ethnicity increasing:
        - About 4% in 2000 – 7.8% in 2006

2. Infant Mortality Rate

- IMR for McLean County = 10.2/1,000 live births (2003-2006 average per March of Dimes for the Heartland Division). With the exception of 2002 during this time period, McLean's IMR is higher than IL's IMR. Current IMR (2006) = 9.0. HP 2020 goal = 6.0/1,000 live births.
- McLean County IMR range (1996 – 2006): low of 6.2/1,000 (1999) to high of 11.7 (2003). 1992 (IMR = 5.6) was the last time the county did not exceed the HP 2020 goal of 6.0/1,000.
- In 2008: 13 infants died before their first birthday.
- Disparities: the IMR for African Americans in the March of Dimes Heartland Division is 15.1/1,000 live births in comparison to the white rate of 6.9/1,000. (IL = 7.4).

3. Low Birth Weight and Very Low Birth Weight

- VLBW: from 2000 to 2008, the proportion of infants born with VLBW in McLean County has exceeded the HP 2020 goal five of the nine years.
- VLBW in McLean County = 1.9% of live births (2008). Range (2000-2008) = 0.8% (2000) to 1.9% (2008).
- HP 2020 goal for VLBW: no more than 1.4% of birth should be VLBW.

- For low birth weight births (LBW), McLean County has met or been better than the HP 2020 goal for LBW of 7.8%. Current county LBW = 6.1% (2008); range (2000-2008) = 5.4% (2002) – 7.4% (2005).
- Mothers beginning prenatal care in first trimester: 88% of McLean County women start care in the first trimester of pregnancy (2000-2006). Disparity: white rate = 88%-91%; black rate = 67%-75%. HP 2020 goal = 77.9%.
- Adequate prenatal care in McLean County: range = 81% (2007) - 88% (2004); HP 2020 goal = 77.6%.

4. Mothers Who Breastfeed Their Infants

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- Breast-feeding rates for McLean County WIC participants rose from a low of 43.9% (2000) to 73% (2011).
- Breastfeeding rates for McLean County WIC participants remains below the HP2020 goals of 82% initiation and 61% 6 month duration.
- HP 2020 goal = 82% (for initiation) and 61% (for six-month duration).
- No data is available for the entire population of McLean County residents. McLean County WIC participants have a low household income (185% of Federal Poverty Rate) and generally qualify for Medicaid as their primary insurance.

5. Mothers Who Smoke

- **HP 2020 goal is written in a positive way rather than the negative = Percent of females delivering a recent live birth did not smoke in the 3 months prior to pregnancy. HP 2020 objective MICH-16.3– Target is 85.4%
- In 2006, the number of women who reported smoking tobacco during pregnancy was 10.8%, a drop from 12.2% in 2005. There was a slight increase to 11.3% in 2007, and then a drop again to 10.5% in 2008.
- McLean County numbers are not as good as the state's numbers.

6. Mothers Who Drink Alcohol

- Statistical information is available for mothers who used alcohol during pregnancy from 2005 to 2008. The information was collected from birth certificates (mothers' answer to a question).
- The number of women who reported alcohol use during pregnancy increased slightly from 0.4% in 2005 to 0.6% in 2006. There was a slight drop to 0.5% in 2007, with an increase to 0.6% in 2008.
- When questioned anonymously, 53% of Illinois women reported drinking alcoholic beverages on a weekly basis in the three months before becoming pregnant. 7% reported drinking alcohol during the last three months of pregnancy. During both times, most women reported drinking three or fewer drinks per week. Drinking alcohol during pregnancy is not socially acceptable in Central Illinois. Few women are likely to answer affirmatively when completing the question for the birth certificate. (Illinois PRAMS)

7. Kessner and Kotelchuck Index (Prenatal Care Adequacy) *(Back to Indicator Listing)*

- Kotelchuck Index of Prenatal Care attempts to characterize prenatal care (PNC) utilization on two independent and distinctive dimensions - namely, adequacy of initiation of PNC and adequacy of received services care has begun. This index does not assess the quality of the prenatal care that is delivered, only its utilization.
- Adequate prenatal care in McLean County: range = 81% (2007) - 88% (2004); HP 2020 goal = 77.6%.
- Inadequate ranged from 8% (2008) to 6% (2004). Inadequate prenatal care indicates that the care began late in the pregnancy or the mother had too few prenatal visits to their health care provider.
- Heartland Division of the March of Dimes (2005-2008 ave.): reports 2.4% of McLean County women receive late or no prenatal care; 7.5% receive inadequate prenatal care; 14.4%; experience preterm birth (above state rate of 13%). HP 2020 goal for preterm births = no more than 11.4% of live births.

8. Mothers Beginning Prenatal Care in First Trimester

- McLean Exceeds the HP2020 Goal every year for the past 20 years.
- White and Asian women exceed the goal.
- Black women met or exceeded the goal only two of the last 20 years.
- Mothers beginning prenatal care in 1st trimester: 88% of McLean County women start care in the 1st trimester of pregnancy (2000-2006). Disparity: white rate = 88%-91%; black rate = 67%-75%. HP 2020 goal = 77.9%.

9. Infants Positive for Cocaine

- Illinois continues to experience the effects of prenatal substance abuse. In Illinois, if a baby is born and thought to have been exposed to illegal substances or alcohol, either though observation by physicians or toxicology tests, the case is reported to the Illinois Department of Children and Family Services (DCFS). These cases are then investigated by DCFS to verify the child's prenatal exposure to either alcohol or illegal substances. Between State Fiscal Years 1994 and 2004, 96 of Illinois 102 counties reported at least one case of a substance-exposed infant.
- Between State Fiscal Year 1994 and 2004, the number of reported cases of substance-exposed infants in McLean County remained unchanged at five. During the same period, the number of verified cases of substance-exposed infants decreased from five in SFY 1994 to one in SFY 2004.

10. Leading Causes of Mortality (Children ages 1-4)

- Statistics not available because the number of deaths are too small to release the data.
- In 2008, 13 infants died before their first birthday. 8 children from ages 1 to 14 died.
- Leading causes of death for Illinois children ages 1 to 4: Accidents, Motor Vehicle

Accidents, Congenital malformations and abnormalities, Disease of the Heart, Malignant neoplasms, and Assault or Homicide.

- In 2008, 1,495 children under age 18 died in Illinois. Of the total child deaths reported to DCFS in 2008, 10% were young children between 1 and 4 years old. When all Illinois child deaths in 2008 were examined by manner of death:
    - 72% were attributable to natural causes;
    - 13% were accidental;
    - 8% were homicides;
    - 2% were suicides;
    - 5% were undetermined.

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11. Percent Births to Teens

YEAR	10-14	15-17	TOTAL %	18-19	TOTAL %
2009	2	43	2.1%	91 (136)	6.3%
2008	2	41	1.9%	97 (140)	6.5%
2007	2	55	2.5%	111 (168)	7.4%
2006	0	60	2.7%	90 (150)	6.8%
2005	2	50	2.3%	109 (161)	7.4%

12. Child Abuse and Neglect

Child victims of abuse or neglect in McLean County, Fiscal years 1997 - 2002

	Number of Children birth - 2	Number of Children 3 - 5 yrs	**Total** number 0 - 5 yrs	McLean overall rate - birth - 17 yrs*	Healthy People 2010 Objective 15-33, birth - 17 yrs	Illinois rate - children birth - 17 years*
2002	144	108	252	11.1 /1,000	10.3 /1,000	7.0 /1,000
2001	165	101	266	11.1 /1,000		7.5 /1,000
2000	200	159	359	16.8 /1,000		8.3 /1,000
1999	160	149	309	18.8 /1,000		8.7 /1,000
1998	168	140	308	16.8 /1,000		9.4 /1,000
1997	171	157	328	14.4 /1,000		10.2 /1,000

Illinois Department of Children and Family Services, Springfield, Illinois, 9/2003
*Voices for Illinois Children, Chicago, Illinois

Number of Case Filings, selected categories, McLean County Court specific

	1997	1998	1999	2000	2001	2002	2003
Child Abuse & Neglect	92	118	150	190	70	86	105
Order of Protection	212	188	187	203	180	177	163

2003 Annual Report, Eleventh Judicial Circuit, Bloomington, Illinois
McLean County Case Filings 1996-2002, Retrieved 06/19/04 •
http://www.mclean.gov/CircuitCourt/pdf/filings.pdf

13. Congenital Anomalies

- Most recent available five-year rolling average identifies the congenital anomaly incidence rate for McLean County as 530.6/10,000 live births (2000-2004). IL = 397.6.
- The McLean County rate is consistently higher than the IL rates.
- Of the 10,479 live births in McLean County during the 2000 – 2004 time period, 111.2 reported congenital anomalies—approx. 1% of the live births in that five-year period.
- No HP 2020 goals fit the data collected by IL for McLean County.
- Congenital anomalies are the third leading cause of death in IL for children ages 1-4 (accidents, motor vehicle accidents, congenital malformations, diseases of the heart, malignant neoplasms, assault or homicide).

14. Hospitalizations for Dehydration and Asthma in Children

- Difficult to find current local data.
- Number of children (ages 0-1) hospitalized for dehydration: 22-38 (1990-1993), six in 1994, eight in 1995, and six in 1996.
- Number of children (ages 1-4) hospitalized for asthma: 106-120 (1990-1993), 65 in 1994, 61 in 1995, 43 in 1996.
- Unknown if decrease in hospitalizations is in part due to the opening of the free Community Care Clinic in the early 1990s.

15. Medicaid Births

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- Medicaid births in McLean County have varied yearly from 1997-2004, with the range being 430 to 701 births (22 to 32% of all births)
- Illinois rate of Medicaid births have varied yearly from 1997-2004, with the range being 50,796 to 67,050 births (28% to 37% of all births).

16. Method of Delivery

- From 2000-2008, vaginal deliveries ranged from a high of 74.5% in 2000 to a low of 61% in 2007 for McLean County births.

- In Illinois, vaginal deliveries ranged from a high of 76.3% in 2000 to a low of 67.5% in 2008 for Illinois births; thus McLean County followed the same trend, although our decrease was greater.
- From 2000-2008, cesarean birth deliveries in McLean County ranged from a low of 22.6% in 2000 to a high of 36.8% in 2007.
- In Illinois, cesarean birth deliveries ranged from a low of 20.9% in 2000 to a high of 30.6% in 2008. McLean County increase was significantly greater.
- Cesarean births have been above the HP2020 goal of <23.0% since 2001.

17. IDPA – Eligible Children Receiving EPSDT

- No relevant data found on IPLAN or other websites
- Family Case Management program goal is that 80% of all Medicaid infants receive at least three EPSDTs during the first 12 months. The Department of Human Services (DHS) use EPSDT as a performance measurement.
- The average rate of EPSDT's for FCM infants in 2003 was 83.2%
- The average rate of EPSDT's for FCM infants in 2004 was 89.1%
- The average rate of EPSDT's for FCM infants in 2005 was 91.0%
- The average rate of EPSDT's for FCM infants thus far in 2006 is 90.0%

18. Other

- 2001 research reported by Cornerstone indicates that pregnant women have better birth outcomes, specifically a lower infant mortality rate, if they register and participate in *both* WIC and Family Case Management (FCM), rather than only one of the programs or neither.

Preliminary Identification of Health Problems related to Maternal and Child Health:

- A continued increase in infant mortality rates is noted; two-thirds of deaths remain related to prematurity and congenital anomaly, other causes vary.
- LBW percent above HP 2020 goal, consistently higher for Black infants.
- VLBW: from 2000 to 2008, the proportion of infants born with VLBW in McLean
    - County has exceeded the HP 2020 goal 5 of the 9 years. HP 2020 goal for VLBW: no more than 1.4% of birth should be VLBW.
- Women and infants eligible, yet not enrolled in WIC and FCM have poorer outcomes. Clear need to encourage both WIC and FCM enrollment to help reduce the infant mortality rate and improve early and adequate prenatal care.

D. Chronic Disease Health Indicators

1. Coronary Heart Disease/Heart Disease
2. Cerebrovascular Disease (Stroke)
3. Cirrhosis of the Liver
4. Breast Cancer
5. Lung Cancer
6. Colorectal Cancer
7. Cervical Cancer
8. Prostate Cancer
9. Childhood Cancers
10. Alcohol-Dependence Syndrome
11. Total Psychoses/Mental Health
12. Diabetes
13. Behavioral Risk Factors

An Analysis of Chronic Disease Data Reveals the Following:

1. Coronary Heart Disease/Heart Disease

Healthy People 2020 objective: Reduce coronary heart disease deaths to no more than 100.8/100,000

- Heart disease is the leading cause of death every year from 2000-2008, accounting for 26%-31% of adult deaths in McLean County.
- In 2008, the crude mortality rate was 176.32/100,000, which is lower than in 2000.
- Coronary Heart Disease is the second and third leading cause of death from during these years, accounting for 18-26% of all adult deaths.
- Since 2000, the county's crude mortality rate from coronary heart disease has continued to experience an overall decrease from 142.9/100,000 in 2000 to 114.2/100,000 in 2006.
- The 2006 crude rate of CHD was 114.2/100,000 is above the *HP 2020* goal of 100.8/100,000.
- Illinois crude rates have decreased from 194.6 in 2000 to 149 in 2006.
- Heart Disease is the single largest killer of American males and females, accounting for 25% of all deaths. Coronary heart disease caused 1 of every 6 deaths in the U.S. in 2007.
- Each year, an estimated 785,000 Americans will have a new coronary attack, and 470,000 will have a recurrent attack. It is estimated that an additional 195,000 silent first myocardial infarctions occur each year.
- Approximately every 25 seconds, an American will have a coronary event, and approximately every minute, someone will die of one.

Sources
IPLAN Data System; MCHD Statistical Abstract 1994-2004; Mortality Reports, IDPH (2000-2008); Heart Disease & Stroke Statistics - 2011 update - American Heart Association & CDC.

2. Cerebrovascular Disease (Stroke)

Healthy People 2020 objective: Reduce stroke deaths to no more than 33.8/100,000

- Since 2000, crude mortality rates for cerebrovascular disease have fluctuated from as high as 55.2./100,000 in 2000 to as low as 26.1/100,000 in 2005. There has not been a consistent decline or increase. However, overall the 2008 rate is lower than in 2000.
- The 2008 crude rate of 33.6 is just below the *HP 2020* target of 33.8.
- Cerebrovascular disease accounted for 4.1% – 8.6% of all adult deaths.
- Illinois crude rates from Illinois have seen somewhat of a general decline from 59.7 in 2000 to 46.6 in 2006.
- Stroke ranks as No. 3 among all causes of death.
- 42.2 stroke deaths per 100,000 population occurred in the U.S. in 2007.
- Each year in the U.S., 795,000 people experience a new or recurrent stroke. Approximately 610,000 of these are first attacks, and 185,000 are recurrent attacks.
- Mortality data from 2007 indicate that stroke accounted for 1 of every 18 deaths in the United States.
- On average, every 40 seconds, someone in the United States has a stroke.

- From 1997 to 2007, the stroke death rate fell 44.8%, and the actual number of stroke deaths declined 14.7%.
- African Americans have almost twice the risk of first ever stroke compared to whites.

Sources
IPLAN Data System, IQUERY, MCHD Statistical Abstract 1994-2004, Mortality Reports, IDPH (2000-2008), Heart Disease & Stroke Statistics - 2011 update - American Heart Association/CDC.

3. Cirrhosis of the Liver

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Healthy People 2020 goal: Reduce the number of deaths due to cirrhosis to no more than 8.2/100,000.

- The total number of deaths due to cirrhosis of the liver ranged from 8-21 during 2000-2008, with the highest number being in 2008.
- The crude rate was available for only five years (when cases numbered 11 or more).
- The crude rate for 2008 is 12.6, which is above the Healthy People 2020 goal of no more than 8.2/100,000.
- In 2007, liver cirrhosis was the 12th leading cause of death in the United States, with a total of 29,165 deaths.
- 9.1 cirrhosis deaths per 100,000 population occurred in 2007 (age adjusted).
- In the U.S., number of discharges with chronic liver disease or cirrhosis as the first-listed diagnosis in 2007 was 112,000.
- In the U.S., heavy alcohol consumption and chronic Hepatitis C have been the most common causes of cirrhosis.

Sources
IPLAN Data System, IQUERY, MCHD Statistical Abstract 1994-2004, Mortality Reports, IDPH (2000-2008), National Institute of Alcohol abuse and Alcoholism - Liver Cirrhosis Mortality In The United States, 1970–2002.

4. Breast Cancer

- 1.5%-3.0% of females have experienced breast cancer; in McLean County, N = 146 deaths (2000 – 2007); N = 18 deaths (2006); CMR (2006) = 23.5 deaths/100,000 females; HP 2020 = 20.6; age-adjusted incidence rate (2004-2008) for McLean County (126.7) was above the IL rate (123.9); mammogram rates have been declining; only 47% of the eligible population received a mammogram in 2010.

5. Lung Cancer

- The No. 1 cancer death; 3.7% - 4.5% of the population; McLean County CMR = 36.6 – 47.3/100,000 (1999-2006), with rates steadily rising from 36.6 (2000) to 47.3 (2006); HP 2020 = 45.5/100,000; state CMR = 51.9 – 55.3/100,000; county rates are lower than the steadily declining state rates (55.3 in 1999; 51.9 in 2006).

6. Colorectal Cancer

- McLean County CMR = 10.8 – 18.4/100,000 (1999 – 2006), 2006 = 18.4; between 1999-2006, rates fluctuated, ranging from a low of 10.8 (2004) to a high of 18.4 (2006)- four of the eight years (1999-2006) have had rates over 14.5. HP 2020 = 14.5. BRFS: 111% improvement (from 1997 to 2004) in rate for individuals receiving a colonoscopy/sigmoidoscopy: 31.1% (1997), 65.5% (2009).

7. Cervical Cancer

- Deaths ranged from 0 to 4 per year between 1999 and 2006.
- Age-adjusted incidence rate was 6.9 (25 cases) between 2004 and 2008 compared to 8.8 per 100,000 in Illinois.
- BRFS: Pap tests decreased from 96.1% in 1997 to 75% in 2009.
- HP 2020 Objective - Reduce death rate to no more than 2.2 deaths per 100,000 females.

8. Prostate Cancer

- Incidence rate was 173.5 (506 cases) from 2003 to 2007.
- Deaths ranged from 9 to 16 per year from 1999 to 2006.
- In 2000, Illinois had a rate of 13.7 per 100,000 compared to 23.1.
- Age adjusted incidence rate - 164.7 per 100,000 between 2004 and 2008.
- Age adjusted rate in Illinois was 157.7 at that time.
- BRFS: 78.5% men 40 and over "ever had digital rectal exam".
- BRFS: 51% to 53% never had a testicular exam.
- HP 2020 Objective: Reduce prostate cancer death to no more than 21.2 deaths per 100,000 males.

9. Childhood Cancers

- Only 2 childhood deaths recorded between 1999 and 2006.
- 1998 - 2002 data indicate 27 children (180.7 per 1,000,000 compared to a state rate of 143.4 and US rate of 148.0.
- The rate range for the 5-year averages between 1994 and 2004 - 144.5 to 180.7.
- No HP 2020 goal for childhood cancers.

10. Alcohol-dependence Syndrome and Substance Abuse

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- 19% of adults report being at risk for acute or binge drinking. (2008 BRFS)
- 8.7% of adults report being at risk for chronic alcohol use. (2004 BRFS)

11. Total psychoses/Mental Health

- Access to care: National stats indicate 1 in 20 persons have a severe, persistent mental illness, giving McLean County an estimated 8,478 individuals in this category (2010 pop. = 169,572; 169,572 x 5%).
- Between 2800 (2005) to 3600 (2009) unduplicated clients are provided MH services every year by the MC Center for HS. 2011 = 2,931.
- Admissions/days of care at DHS facilities for children: reduced to 0 (from 99-467 days in 2001-2003). Adults: elimination of state-run acute care psych beds continues. Jacksonville to close soon.
- Continued erosion of state funding for local mental health services.
- 2007 IL: adolescents with major depressive episode = 8.3%; adults = 7.3%.
- 2007 IL: adults with serious psychological disorders = 11%.
- IL: Inmates on MH meds released from DOC receive only a one-week supply. John M. Scott HCC provides some psych meds: average cost = $296/psych med; psych med program cost = $2,072/month.
- Federal stats: number of mentally ill inmates in U.S. jails/prisons has quadrupled over the past six years.; more than half of all inmates now report major MH problems; almost 3/4 (73%) of all women in state prisons have a primary MH diagnosis, compared to 55% for men.
- Number of domestic disputes increased from 159 incidents (2004) to 220 (2010).
- Suicides in McLean County: 10.6 suicides/100,000. HP 2020 goal = 10.2.
- Suicide rate in McLean County has increased between 2006 (8.0/100,000) and 2010 (10.6/100,000). Highest = 10.9 in 2008.
- McLean County rate has remained above the available state rates (IL 2008 = 9.3).
- Suicide calls to PATH have steadily increased each year since 2007: 410 (2007) to 920 (2010).
- Calls to 1-800-SUICIDE and 1-800-275-TALK calls from McLean County residents have increased from 11 in 2007 to 338 in 2010.
- Domestic disputes: county numbers have increased from 159 incidents (2004) to 220 (2010); 2011 numbers on-track for surpassing 2010—122 reports for first six months 2011. Aggravated domestic battery numbers increased from 3 (2007) to 7 (2010).

12. Diabetes

Healthy People 2020 objectives:

- *Reduce diabetes to no more than 7.2/1,000 new cases per year.*
- *Reduce diabetes-related deaths to no more than 65.8/100,000.*
- *Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education. Target: 62.5 percent.*

- In 2008, 6.8% reported being told they are diabetic compared to 3.6% in 2004.
- In 2008, the McLean County crude mortality rate for diabetes was 19.5/100,000 which was below the HP 2020 goal of 65.8/100,000.
- The percentage of McLean County residents reporting they are diabetic is 6.8% (2008 BRFS), which is an increase from 3.6% in 2004.

- 46% of McLean County adults have had their blood glucose level checked in the past year (2008 BRFS).
- Diabetes hospitalization rates have continued to increase from 74/100,000 in 1999 to 90.1/100,000 in 2001.
- In Illinois BRFS for 2010, 8.5% were told diabetic.
- 25.8 million children and adults in the United States—8.3% of the population—have diabetes (2011 National Diabetes Fact Sheet).
- Diabetes was the seventh leading cause of death based on U.S. death certificates in 2007. This ranking is based on the 71,382 death certificates in 2007 in which diabetes was the underlying cause of death. Diabetes was a contributing cause of death in an additional 160,022 death certificates for a total of 231,404 certificates in 2007 in which diabetes appeared as any-listed cause of death (2011 National Diabetes Fact Sheet).
- Diabetes is likely to be underreported as a cause of death. Studies have found that about 35% to 40% of decedents with diabetes had it listed anywhere on the death certificate and about 10% to 15% had it listed as the underlying cause of death (2011 National Diabetes Fact Sheet).
- Overall, the risk for death among people with diabetes is about twice that of people of similar age but without diabetes (2011 National Diabetes Fact Sheet).

13. Behavioral Risk Factors

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- **Tobacco use**

HP 2020 Objectives:
Adult regular cigarette users – target 12%
Youth regular cigarette users – target 16%

  - McLean County adults (BRFS data 1997-2008)
    - 16.1% of adults report being a smoker in 2008.
    - The number of smokers decreased from 26.8% to 16.1% from 1997-2008.
  - McLean County Youth (2010 Illinois Youth Survey)
    - 22% of 12th graders report using cigarettes in the past month in 2010. compared to 30% in 2004; 8% of 10th graders report using cigarettes in the past month (2010 Illinois Youth Survey) compared to 17% in 2004.
    - The mean age of first tobacco use is 14 years.
    - 78.9% reported having rule that smoking is not allowed anywhere inside their home.

- **Cholesterol**

HP 2020 Objectives:
-Reduce the proportion of adults with high total blood cholesterol levels. Target - 13.5%
-Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years. Target- 82.1%

  - McLean County (BRFS data 1997-2008)
    - Report being told cholesterol high - 28.9% (2008). Small changed from 1997 percentage – 29.9%.
    - Last cholesterol check 65.3% (2008) compared to 63.5% (1997).

- **Blood Pressure**

HP 2020 Objectives:
-Reduce the proportion of adults with hypertension. Target: 26.9%.
-Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. Target: 94.9%.

  - McLean County (BRFS data 1997-2008)
    - Told BP high increased from 16.4% (1997) to 25.3% (2008). Below HP2020 target.
    - 86.5% report taking meds for high BP in 2008 compared to 77.2% in 2002.
    - 88.1% have been prescribed medications for high blood pressure.(2008)

- **Nutrition**

HP2020 Objectives:
-Increase the contribution of fruits to the diets of the population aged 2 years and older - Target: 0.9 cup equivalents per 1,000 calories.
-Increase the contribution of total vegetables to the diets of the population aged 2 years and older - Target: 1.1 cup equivalents per 1,000 calories.

  - McLean County (BRFS data 1997-2008)
    - 86.3 percent of adults reported eating fewer than five servings of fruits and vegetables per day in 2008 compared to 79.1% in 2004.
  - McLean County Youth (2010 Illinois Youth Survey)
    - 16% of McLean County 6th grade students ate 4 or more fruits a day.
    - 9% of McLean County 6th grade students ate 4 or more vegetables a day

- **Sedentary Lifestyle /Physical Activity**

HP 2020 Objectives:
-Reduce the proportion of adults who engage in no leisure-time physical activity – target 32.6%
-Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination – target 47.9%.

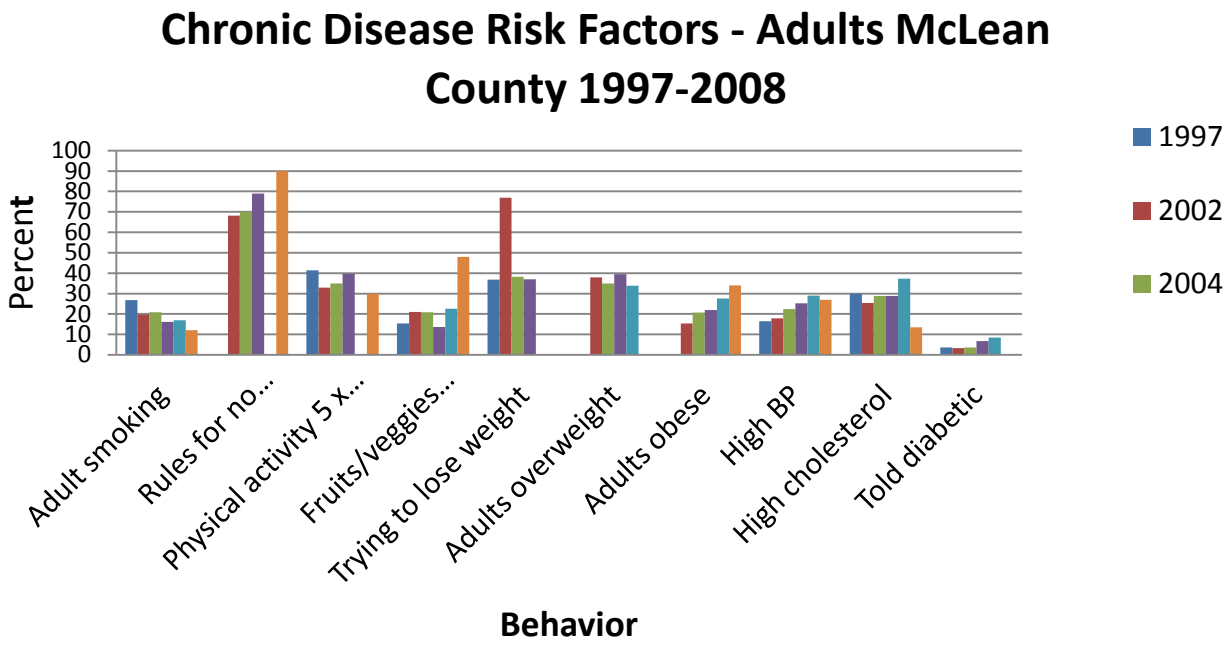
-Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity – target 20.2%.

  - McLean County BRFS data 1997-2008)
    - Physical Activity: moderate levels: increased from 35% (2004) to 39.7% (2008).

- **Overweight/Obesity**

HP 2020 Objectives:
-Reduce the proportion of children/adolescents who are considered obese – target 14.6%
-Reduce the proportion of adults who are obese –target 30.6%
-Increase the proportion of adults who are at a healthy weight – target 33.9%

- McLean County (BRFS data 1997-2008)
  - Overweight adults increased from 35% (2004) to 39.5% (2008).
  - Obese adults increase from 20.7% (2004) to 22% (2008).
- McLean County Youth (2010 Illinois youth Survey)
  - 16.2% of McLean County youth are overweight/obese
    - 11.1% of McLean County youth are overweight (6^{th}-12^{th} grade); 5.1% of McLean County youth are obese (6^{th}-12^{th} grade).



Preliminary Identification of Health Problems Related to Chronic Disease Indicators:

- Heart Disease/CHD: continues to be leading cause of death and rates are above HP 2020 goal;
- Cancer: continues to be the second leading cause of death.
- Cerebrovascular Disease: continues to be a leading cause of death; rates fluctuate but have not consistently been below the HP 2020 objective. Current 2008 rate is just at HP goal.
- Diabetes: 6.8% of residents report being diabetic; hospitalization rates continue to increase.
- Overwieght and obesity rates continue to climb.
- The HP 2020 goals for the risk factors that lead to chronic disease (tobacco use, high blood pressure and cholesterol, obesity/overweight) have not been met.

E. Infectious Disease Health Indicators

1. Sexually Transmitted Diseases
2. Vaccine Preventable Diseases
3. Immunizations: Children
4. Immunizations: Adults
5. Infections by Foodborne and Other Pathogens
6. Tuberculosis

An Analysis of Infectious Disease Data Reveals the Following:

1. Sexually Transmitted Diseases

- Chlamydia: from 2007 – 2009, McLean County rates were above the U.S. rates, but below IL rates. Range (2006-2009): low of 340.4 (2006) to high of 442.1 (2008). Current rate (2010) = 412. McLean: 73% of cases occur in females; 35% in the 15-19 age group. HP 2020: reduce Chlamydia rates among females ages 15-44.
- Gonorrhea: until 2010, McLean County rates were below the IL rates. Range (2006-2009): low of 69.1 (2009) to high of 144.9 (2007). Current rate (2010) = 100.3. McLean: 55% of gonorrhea cases occur in females; 33% in the 15-19 age group. HP 2020: 257 new cases per 100,000 in females ages 15-44.
- Chlamydia and Gonorrhea are the No. 1 and No. 2 reportable disease in McLean County, IL, and the U.S.
- 2006: McLean County ranked 15th out of 102 IL counties with the highest cases of Chlamydia.

2. Vaccine Preventable Diseases:

- IMM rates for older children on the WIC/FCM caseload: 87%-89%; this rate is below the CDC National Immunization Survey of 2010 Coverage Rates for downstate IL: 97.1% (DTap); 90.5% (MMR); 89% (Varicella).
- Reportable cases in McLean County (2006-2010) of vaccine preventable diseases include: Pertussis (80 confirmed/probable; 16 cases under age 1); Mumps (1 case); Chicken Pox (317 cases).

3. Immunizations: Children

Preliminary identification of vaccination rates for infants and children by 36 months (Special note to assist with data interpretation):

- Assessment of immunization rates is fluid and evolving. Clients move into and out of the county and into and out of programs.
- Vaccine recommendations change as more vaccines are licensed and as recommendations change.
- Control of vaccine-preventable diseases depends on maintaining high levels of immunization coverage.
- Vaccination coverage levels of 90 percent are, in general, sufficient to prevent circulation of viruses and bacteria-causing vaccine-preventable diseases.
- Healthy people 2020 recommend the achievement of 90% vaccination coverage for the 4-3-1-3-3 series.
- Vaccination coverage information can identify groups at risk for vaccine preventable diseases.

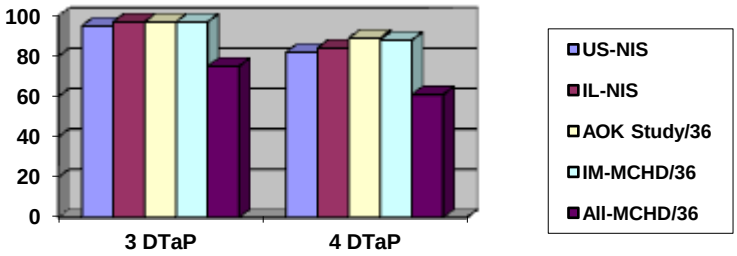
- Immunization coverage among preschool children remains suboptimal in some areas and socio-demographic subgroups. Assessment of immunization coverage in children requires ongoing commitment and survey expertise.
- The National Immunization Survey utilizes sophisticated statistical and survey techniques to obtain the most-accurate results yet available. MCHD has participated in the National Immunization Survey with an average of 1 to 2 clients per year.
- Lack of a consolidated immunization record may lead to problems with determining individual immunization needs as well as measuring vaccination coverage of a clinician's practice or a community's population. Scattered immunization records compromise the ability of clinicians to determine the immunization status of their patients who received immunizations at other sites.
- Routinely assessing immunization coverage levels, implementing a recall system, and developing community-wide immunization registries are some strategies to reduce the problem of scattered immunization records.

Data Sources

- MCHD immunization rates are collected annually by IDPH using Cornerstone reports.
- Reports analyze rates for: 4-3-1-3-3 series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hep B).
- The instructions are to use data for all clients in a both a 24 and 36 month cohort not just active clients. The rationale given is that MCHD had responsibility for the clients care at one point in time. These numbers are lower due to the termination or moving of clients from various programs.
- National Immunization Survey (NIS) is reported at the following website: http://www.cdc.gov/nip/coverage/NIS/02/toc-02.htm. MCHD has participated in the NIS. MCHD averages 1 to 2 clients per year for the NIS study. Most of these clients no longer live in McLean County and are no longer active in MCHD programs and are not up to date for immunizations in MCHD records.
- For Baseline Data: Year 2000 for AOK immunization private provider review for immunization series, 4:3:1:3:3 (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B) 1 for children born during from January 1, 2000 to December 31, 2000. 268 records were examined. The 4:3:3:1:3:3 rates for this cohort was 87%, just short of the 90% 2010 goal.

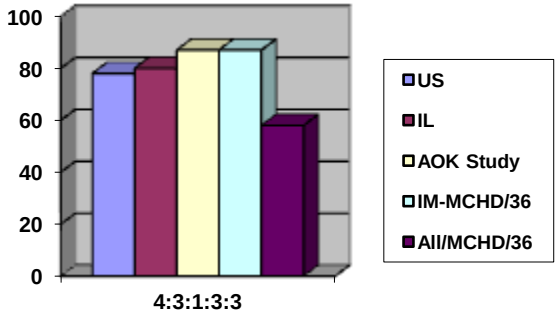
McLean County Data (percents) Compared to U.S. and IL Data. Year 2010 (with Year 2000 AOK Study Baseline for Reference)

2010 Est.Vacc. Coverage; NIS (children born 1/1/07 – 6/30/09	3+ DTaP	4+ DTaP	3 Polio	1 MMR	3 HIB	3 HepB	4:3:1:3:3:1=4DTaP 3Polio:1MMR:3HIB: 3HepB:1Var
US-NIS	95	84	93	92	90	92	75
IL-NIS	97	85	96	91	91	94	76
AOK Study/36 – Year 2000 baseline	97	89	95	91	95	93	**87**
MCHD IMM rates for all MCHD participants active & termed	83	69	82	78	76	80	**61**



- Note rates for DTaP drop for *all practice and all localities* drop between third (6-month shot) and fourth DTaP (15-month shot).
- Interventions could be directed to parents at the 6, 9, and 12-month visits.
- At MCHD special immunization education is done for WIC clients at the 6-week new baby visit.

IM coverage	**4:3:1:3:3**
US	78
IL	80
AOK Study	87
IM-MCHD/36	87
All/MCHD/36	58



- Note local coverage rates better than NIS reported rates for the same birth cohort. AOK and IM-MCHD reflect rates of active clients in three private practices and for clients active in the MCHD immunization clinic. All MCHD immunization rates represent rates for clients who were active in all MCHD Cornerstone programs. These include WIC, FCM and Immunizations. None of the rates reach Healthy People 2010 goal of 90%.
- Note that rates represent the AOK birth cohort which is the 36 month cohort, not the 24 month cohort. 36 month cohorts are slightly higher than the 24 month cohort for all other measured.

4. Immunizations: Adults

(Back to Indicator Listing)

- Adult immunization levels are difficult to obtain at the local level. Seasonal influenza vaccinations are the only routinely provided immunization to the public (adults) by the McLean County Health Department. As of fall of 2011, the number of local pharmacies providing adult immunizations continues to grow.

5. Infections by Foodborne and Other Pathogens:

- MCHD Communicable Disease Section staff routinely review the IDPH INEDSS reports for the Champaign Region provided periodically to review 5-year statistics/trends. The current report available reviews data from 2008, 2009, 2010, 2011, and 2012; and, it provides 5-year means and 5-year medians.
- Salmonella: 8.26 per 100,000 in McLean County, below the HP 2020 goal of 11.4/ 100,000. Champaign Region: 5-year median is 51; 5-year mean is 48.8.
- Campylobactor: five-year average incidence rate (2001-2005) of 8.7/100,000 was below the Illinois 5-year average rates of 10.3 and below the HP 2010 goal of 12.3/100,000. No US data rate available.
- Hepatitis A: five-year (2001-2005) average number of cases/year is 1.4. Number of cases/year ranged from 0-4. Champaign Region: 5-year mean for 2008-2012 is 2.0; median 1.5.
- Hepatitis C: The data collected for McLean County includes investigations of confirmed cases, both acute and chronic, while the Illinois and U.S. data includes only acute cases. This accounts for the much higher case rates shown for McLean County.
- Giardia: five-year (2001-2005) average number of cases/year is 17. Number of cases/year ranged from 10-25.
- Shigella: five-year (2001-2005) average number of cases/year is 4.2. Number of cases/year ranged from 0-15. Champaign Region: 2008-2012 5-year median is 18; 5-year mean is 50.4
- West Nile Virus: McLean County saw its first human and equine cases in 2002. During 2005, there were 4 cases of WNV in the county, with 2 deaths. In 2006: out of 132 tested mosquito pools, 9 tested positive. There were 3 confirmed cases of WNV in humans in McLean County during 2006.

6. Tuberculosis

- TB: McLean County case rate = 0.6 cases/100,000. HP 2020 goal = no more than 1.0 new case/100,000 people.
- McLean County is a "low risk" county by CDC definition (less than 3 active cases per year).

Preliminary Identification of Health Problems Related to Infectious Diseases:

- Continued high chlamydia and gonorrhea rates.
- Although below US and Illinois rates, more people contract HIV than e.coli and other foodborne illnesses.
- Tuberculosis case rate below HP 2020 goal.
- E.Coli (2006-2010) and Hepatitis A exceed the HP 2020 goals for these diseases.

F. Environmental Health/Occupational Health/Injuries Health Indicators

1. Environmental Health
2. Occupational Injuries/Disease and Deaths
3. Injuries

An Analysis of Environmental Health/Occupational Health/Injuries Data Reveals the Following:

1. Environmental Health

- McLean County has the lowest levels of Carbon Monoxide pollutants of the four counties over the past five years. Its numbers have slightly declined in the past five years.
- McLean County has a larger land area, and is a less densely populated and travelled area as its primary economy is driven by agri-business and large insurance as well as educational institutions.
- According to national estimates, each home contains from three to eight gallons of hazardous materials in kitchens, bathrooms, garages, and basements. Examples include pesticides, herbicides, poisons, corrosives, solvents, fuels, paints, motor oil, antifreeze, and mercury and mercury-containing wastes.
- During the span of 2001-2010, McLean County hosted more Household Hazardous Waste (HHW) events than any of the other Central Illinois counties that data was available.
- The highest collection amount (in 55 gal drums) during this period was 505.21, in Peoria County, 2008. McLean County recorded second highest with 340.7.
- 2004 and 2007 events that occurred in McLean County hosted the largest amount of participating households for the counties sampled, at 2,217 & 2,020 households, respectively.
- Over the 10 year span sampled, McLean County accounted for approximately 8% of the waste collected in the State of Illinois, at least 1% greater than the sampled counties.
- Central Illinois collections accounted for ~25% HHW collected in the state.
- No HHW events have occurred in the Central Illinois area since 2009.
- None in McLean since 2007.
- If this trend continues, based on the State of Illinois 10 year average, >23,000 55gal barrels of these hazardous wastes will begin to find their way into the environment via improper disposal at the household level:
    - Burning
    - Drain disposal
    - Incorporated into landfill waste streams
- The average radon level for homes in McLean County in 2004 was 5.5 pCi/L. The average has increased to 6.9 pCi/L currently.
    - 21% of single family homes (SFH) had radon level under 2 pCi/L.
    - 20% of single family homes had radon level between 3-3.9 pCi/L.
    - 59% of single family homes had radon level 4 pCi/L and above.
        - 66% of population lives in single family homes in U.S.
        - .66X169572 = 111,918; 111,918 X .59 = 66,031; 66,031/169572 X 100% = 40%
- In 2011, 33% SFH built in high radon potential areas with radon reducing features.
- 1 in 6 homes nationally is built with radon reducing features.
- The EPA estimates that nearly 1 out of every 15 homes in the U.S. may have elevated radon levels. – 6.7%.
- 2009 and 2010: out of 225 tested mosquito pools, 0 tested positive for West Nile Virus.

There has not been a human case of WNV in McLean County since 2007.

Sources: EPA, Ecology Action Center.

2. Occupational Injuries/Diseases and Deaths

- Statewide, occupational deaths decreased in 2005 (N = 194) to numbers near the record low of 190 in 2002, according to Illinois Department of Public Health's 14th annual "Census of Fatal Occupational Injuries".
- Of the occupational deaths in Illinois during 2005:
  - 38% were caused by transportation accidents.
  - 17% were due to contact with objects or equipment.
  - 15% occurred during assaults and other violent acts.
  - 13% were the result of exposures to harmful substances.
- Demographics from the 2005 statistics are very similar to those of 2002 through 2004:
  - 91% were male.
  - majority, 25%, were between the ages of 45 and 54.
  - 86% were white.
- In McLean County, statistics from 1990 through 2002 indicate that no more than five cases per year of occupationally-acquired cancer have been documented. Range = 0 – 5 cases/year. Total number (1990 – 2002) = 29. It is not possible to calculate a rate due to the low number of cases per year.
- In McLean County, statistics from 1993 through 2005 indicate that no more than five occupational injuries per year resulted in a death. Range = 0 – 5 cases/year. Total number (1993 – 2005) = 30 documented. It is not possible to calculate a rate due to the low number of cases per year.

Sources:
The Illinois Department of Public Health website and its links to the 2002 – 2004 data of the annual "Census of Fatal Occupational Injuries" (This data is not presented by county),
IPLAN Data Set.

3. Injuries

- IPLAN Data from 1994 to 1998 separates injuries into two categories – intentional and unintentional; starting in 1999, the data contains the category of accidents only.
- Comparing both national and Illinois statistics to McLean County in 2007 indicate that McLean County (12.20) was below the national statistics for motor vehicle crash-related deaths per 100, 000 population, but above Illinois statistics (10.34) for the same year.
- The decrease in motor vehicle crash-related deaths in 2007 for McLean County compared to Illinois could have been because of the requirement by Illinois in 2007 for teenagers to have more training hours in a car before getting their driver's license. This could have decreased the likely hood of motor vehicle accidents with crash related deaths.
- Comparing county statistics to national statistics in 2009 indicate that McLean County (8.35) is well below the target rate of 12.4 deaths per 100,000 of the population.

- Comparing the national statistics to McLean County, there were no pedestrian deaths for 2009 and for 2008 there was only 1 pedestrian death for McLean County resulting in a 0.60 deaths per 100,000 of the population.
- Reviewing the statistical data indicates that McLean County is already below the target death rate of 1.3 deaths per 100,000 of the population.
- McLean County's lower pedestrian death rate on public roads may be due to the majority of towns in McLean County having sidewalks, and Bloomington-Normal having the Constitution Trail that pedestrians can use to avoid motor vehicle traffic. The Constitution Trail was opened in 1989 with 4.3 miles, but has gradually expanded to its current 24 miles. As the trail expands in various neighborhoods the more likely people will use the trail, which will continue to reduce pedestrian fatalities. Also, public transportation (i.e., buses and taxis) are used by Bloomington-Normal population, which has the highest population in McLean County.

Preliminary Identification of Health Problems Related to Environmental Health/Occupational Health/Injuries:

- McLean County's AIQ has been consistently at good and moderate levels presenting no significant health concerns to the majority of the general public.
- McLean County 2009 Motor Vehicle fatalities were well below the national target value of 12.4 deaths/100,000.
- Pedestrian fatality rates was below the national and state rates for all years examined and remained below the target value of 1.3 deaths/100,000 .
- During sponsored events, McLean County was well supported by public participation.
- McLean County recorded the second highest single event HHW collection in 2004.
- McLean County accounted for 8% of total HHW collected in Illinois over the last decade (Central IL counties combined accounted for 25%).
- McLean County continues to be a Zone 1 geographic region for indoor radon levels.
- WNV infection rates have declined in McLean County and Central Illinois since 2006.

G. Sentinel Event Health Indicators

1. Infants Hospitalized for Dehydration
   (Ages 0 – <1 yr)

2. Children Hospitalized for Rheumatic Fever
   (Ages 1-17)

3. Children Hospitalized for Asthma
   (Ages 1 – 14)

4. Adults with Tuberculosis
   (Ages ≥18 years)

5. In Situ Cancer: Breast Cancer
   (5-yr averages)

6. In Situ Cancer: Cervical Cancer
   (5-yr averages)

7. Adults Hospitalized for Uncontrolled Hypertension

An Analysis of Sentinel Event Data Reveals the Following:

1. Infants Hospitalized for Dehydration (Ages 0-<1 year)

- Updated data not found for McLean County.
- Significant decrease has been documented in the number of children hospitalized for dehydration between 1990 and 2001. 1990 = 38 cases; 2002 = 2 cases. Range: 2 to 38 (1990 – 2001); range during the period 1990 – 1993: 22-38 per year. After this 4 year period, the number of cases per year dropped to single digits.
- Unknown if decrease in hospitalizations is in part due to the opening of the free Community Care Clinic in the early 1990s.

2. Children Hospitalized for Rheumatic Fever (Ages 1-17)

- Updated data not found for McLean County.
- Number per year: 0-3 cases per year between 1990 and 2001. Only three years during this time period reported cases.

3. Children Hospitalized for Asthma (Ages 1-14)

- IL Hospital Discharge Database indicated decreasing rates between 1999 and 2009:
    - 1.1% in 1999; 0.99% in 2009.
    - Range of 0.6% (2005 - 2007) to 0.9% (2000 and 2009).
- Previous data available: Number of children (ages 1- 4) hospitalized for asthma: 106-120 (1990-1993), 65 in 1994, 61 in 1995, 43 in 1996.
- Number of children (ages 1 to 14) hospitalized for asthma (1990-2001): ranged from a low of 43 (2000) to a high of 120 (1993). Most recent available: 2001, when 47 cases were reported.
- Unknown if decrease in hospitalizations is in part due to the opening of the free Community Care Clinic in the early 1990s.

4. Adults with Tuberculosis (Ages > 18 years)

- Number of cases per year: 0- 3 during the time period of 2000- 2010.
- The five-year average case rate was 1.3/100,000.
- Crude case rate for 2010: 0.6/100,000
- HP2020 goal: 1 new case/100,000

5. In Situ Cancer: Breast Cancer (five-year averages)

- Breast Cancer in situ: county 5-year rate (15.3 for 2004-2008) is lower than IL (26.3-29-8) and the US (30.5 – 33.0).
    - black rate (19.4 – 24.3) lower than white (26.8-30.4), but both rose each cycle.
    - McLean: number of cases/cycle 70-96.

6. In Situ Cancer: Cervical Cancer (5-year averages)

- Late Cervical Cancer: exceed target; black/white disparity persists in IL.
  - IL: 2004-2008 data: black rate (13.1) slightly higher than the white rate (12.6)
  - McLean: too few cases to calculate rates in earlier years; N = 4-9 cases/five-year cycle. Rate for 2004-2008 cycle: 20.0 (IL: 12.3)
  - HP 2020: Reduce invasive cervical cancer. Target: 7.1 new cases/100,000

7. Adults Hospitalized for Uncontrolled Hypertension

- IL Hospital Discharge Database indicates rates of 0.2% (2000) – 0.4% (2007).
- Number of cases per year from 1990- 2001: 16 (1998) to 51 (1990).

Preliminary Identification of Health Problems Related to Sentinel Event Data:

- TB 5-year average case rate above the Healthy People 2020 goal; however, the crude rate is below the goal and McLean County remains in the "low risk" category at this time.

- Potential late entry into care or inadequate screening access may need to be investigated:

  - The most recent (2004- 2008) late cervical cancer rate (20/100,000) is well above the Healthy People 2020 goal of 7.1 new cases/100,000.

  - In IL, the black rate for late cervical cancer has been consistently higher than the white rate for the past 15 years; this may indicate late entry into care for black clients. What are the barriers to care in McLean County?

The
McLean County

Prioritization of Community Health Problems

McLean County
Health Department
Partners in Prevention

Prepared by

The McLean County Health Department

And

The Community Health Advisory Committee

From

May 2011 to May 2012

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McLean County
Prioritization of Community Health Problems

February 2012

Overview

This document was developed to provide additional analysis of McLean County's areas of health concerns. An initial list of 21 health concerns was identified in January 2012. The initial list was narrowed down to 8 health problems for McLean County identified at the January 25, 2012, Community Health Advisory Committee meeting. These eight health problems were further analyzed by focusing on the percent of the county population **at risk** for the health problem, and the percent of the population **with** the health problem. Review of this information assisted with the analysis of the **size and seriousness of the health problem**. It became instrumental during the application of the *Hanlon Method for Prioritization of Health Problems*, conducted on February 21, 2012.

This section contains the following components:

1. Summary of twenty-one health concerns as outlined in the document, Preliminary Identification of Health Concerns.

2. Eight health problems outlined in Size of McLean County Health Problems.

3. The Hanlon Method Problem Priority Setting worksheet.

21 preliminary health concerns

1. Cardiovascular Disease
2. Cancer
3. Cerebrovascular Disease
4. Diabetes
5. Cirrhosis
6. Obesity
7. Behavioral Risk Factors
8. Oral Health
9. Mental Health
10. Suicide
11. C-Section Rate
12. Congenital Anomalies
13. Infant Mortality Rate
14. Very low birth weight
15. Breastfeeding
16. Prenatal Care Access
17. Sexually Transmitted Diseases
18. Tuberculosis
19. Vaccine Preventable Diseases (children)
20. Toxic wastes and hazardous waste disposal
21. Radon

Top 8 Health Problems

1. ***Health Problem: Cancer***
   - Breast
   - Colorectal
   - Lung
   - Radon

2. ***Health Problem: Chronic Liver Disease and Cirrhosis***
   - Infectious Disease – Hepatitis C
   - Behavioral Risk Factor: Alcohol

3. ***Health Problem: Infant Mortality***
   - Infant Mortality
   - Prenatal Care Access
   - Very Low Birth Weight (VLBW)
   - Congenital Anomalies

4. ***Health Problem: Mental Health***
   - Mental Health (general)
   - Access to Care
   - Suicide

5. ***Health Problem: Obesity***
   - Behavioral Risk Factors
   - Diabetes

6. ***Health Problem: Oral Health***
   - Oral Health (general)
   - Access to Care

7. ***Health Problem: Sexually Transmitted Diseases***
   - Chlamydia
   - Gonorrhea

8. ***Health Problem: Toxics and Wastes***
   - Hazardous Waste Disposal

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McLean County Health Needs Assessment—Preliminary Identification of Health Concerns Summary January 2012

Health Concerns	Key Health Needs Assessment Results	Key Assets/Strengths/Resources
Chronic: Cardiovascular Disease	• Leading cause of death (2006-2008) in McLean County. • 26%-31% of county adult deaths are due to heart disease. • Coronary heart disease (CHD): 2nd-3rd leading cause of death in McLean County (2000 – 2008); 18%-26% of deaths. • CHD rate above HP 2020 objective, but an overall ↓ has occurred in the crude mortality rate (CMR) from 2000 (142.9/100,000) to most recent data from 2006 (114.2/100,000); HP 2020: 100.8/100,000.	• Improvements in the built environment (walking/bike trails; fitness centers; indoor walking and sports options; green space). • More smoke-free campuses at work places. • More workplace wellness programs available. • Wellness Coalition is active. • IPLAN Steering Groups 2007-2012. • Unit 5/District 87 wellness initiatives. • Employee Wellness Best Practices group. • YMCA "Family Fitness" activities promoted. • Strong cardiac rehabilitation programs.
Chronic: Cancer	• Second leading cause of death in McLean County; N = 1,446 cancer deaths from 2003 – 2008; 22%-25% of deaths in McLean County. • Lung: the #1 cancer death; 3.7% - 4.5% of the population; McLean County CMR = 36.6 – 47.3/100,000 (1999-2006), with rates steadily rising from 36.6 (2000) to 47.3 (2006); HP 2020 = 45.5/100,000; state CMR = 51.9 – 55.3/100,000; county rates are lower than the steadily ↓ state rates (55.3 in 1999; 51.9 in 2006). • Colorectal: McLean County CMR = 10.8 – 18.4/100,000 (1999 – 2006), 2006 = 18.4; between 1999-2006, rates fluctuated, ranging from a low of 10.8 (2004) to a high of 18.4 (2006)—4 of the 8 years (1999-2006) have had rates over 14.5. HP 2020 = 14.5. BRFS: 111% improvement	• Community Cancer Center expanding. • IL Breast and Cervical Cancer Program (IBCCP) • Improved insurance coverage for many screenings (mammograms; colonoscopies). • Some low-cost/free screenings available. • More smoke-free campuses in Blm/Normal. • More wellness program efforts. • Wellness Coalition. • Employee Wellness Best Practices Group. • IPLAN Adult Steering Group 2007-2012. • Improvements in the built environment (walking/bike trails; fitness centers; indoor walking/sports options; green space)

Chronic: Cancer cont.	(from 1997 to 2004) in rate for individuals receiving a colonoscopy/sigmoidoscopy: 31.1% (1997), 65.5% (2009). • Breast: 1.5%-3.0% of females have experienced breast cancer; in McLean County, N = 146 deaths (2000 – 2007); N = 18 deaths (2006); CMR (2006) = 23.5 deaths/100,000 females; HP 2020 = 20.6; age-adjusted incidence rate (2004-2008) for McLean County (126.7) was above the IL rate (123.9); mammogram rates have been ↓; only 47% of the eligible population received a mamm in 2010.	
Chronic: Cerebro-vascular Disease (Stroke)	• Stroke: CMR = 33.6 (2008); although the CMR has fluctuated 1999-2008, from a low of 26.1/100,000 (2005) to a high of 60.9/100,000 (1999), rates have been ↓ since 2004. HP 2020 goal = 33.8 deaths/100,000. • 4.1% - 8.6% of all McLean County deaths—stroke continues to be a leading cause of death. • Disparities: African-Americans have almost twice the risk of first-ever stroke compared to whites.	• More smoke-free campuses in Blm/Normal. • More workplace wellness programs available. • Wellness Coalition active. • IPLAN Steering Groups 2007-2012. • Employee Wellness Best Practices group. • Local rehabilitation programs available.
Chronic: Diabetes	• McLean County CMR = 19.5 deaths/100,000 (2008); HP 2020 = 65.8. • BRFS: The % of county residents told that they have diabetes has been increasing, from 3.6% (2004) to 6.8% (2008). IL = 8.5% (2010). • Obesity increases risk for diabetes and impacts control of it; 61.5% of McLean County adults are overweight or obese: • County adults: Overweight ↑ from 35% (2004) to 39.5% (2008). • County adults: Obese ↑ from 20.7% (2004) to 22% (2008). HP 2020 = no more than 30.6%.	• Hospital community wellness initiatives include diabetes management. • Improvements in the built environment encourage increase in activity levels (walking/bike trails; fitness centers; indoor walking and sports options; green space). • More workplace wellness programs available. • Wellness Coalition is active and has obesity as a priority. • IPLAN Steering Groups 2007-2012. • Unit 5/District 87 wellness initiatives include faculty wellness. • Employee Wellness Best Practices group. • YMCA "Family Fitness" activities promoted.

Chronic: Cirrhosis	• Cirrhosis: McLean County CMR = 12.6 deaths/100,000 (2008). • HP 2020 = 8.2. • # county deaths/year = 8 to 21 (2000 – 2008). • 0.8% to 1.8% of all adult deaths in McLean County. • BRFS: 9.8% - 28.2% of the county population is at risk for binge drinking; average = 19%. • Alcohol-dependence hospitalization rates/100,000 in McLean County have been steadily ↓ since 1990: from 148.1 (1990) to 65.0 (2004) for ages 15-44; and, from 229.3 (1990) to 23 (2004) for ages 45-64 • Continued reduced support for substance abuse services in McLean County include the elimination of the detox program at Chestnut Health Services.	• Local AA and other support groups.
Chronic: Obesity (Adult and Child)	• County adults: Overweight ↑ from 35% (2004) to 39.5% (2008). • County adults: Obese ↑ from 20.7% (2004) to 22% (2008). • Obesity: HP 2020 = no more than 30.6%. • Healthy weight: HP 2020 = at least 38.5% at a healthy wgt. • County youth: Overweight = 11.1% (6^{th} – 12^{th} grade). • County youth: Obese = 5.1% (6^{th} – 12^{th} grade). • HP 2020 = no more than 14.6% of youth will be obese.	• Wellness Coalition is active and has obesity as a priority. • YMCA "Family Fitness" activities promoted. • Improvements in the built environment encourage increase in activity levels (walking/bike trails; fitness centers; indoor walking and sports options; green space). • More workplace wellness programs available. • Unit 5/District 87 wellness initiatives include student/youth and faculty wellness. • Employee Wellness Best Practices group.
Chronic: Behavioral Risk Factors (BRFS)	• Obesity/Overweight: (see above) • Tobacco: adult smoking in McLean County has continued to ↓, from 26.8% (1997) to 16.1% (2008); HP 2020 = 12%. Youth smoking has continued to ↓, from 30% (12^{th} graders; past month) in 2004 to 22% in 2010. HP 2020 = 16%. Mean age of first tobacco use is 14 years of age. • High blood pressure: the % of McLean County adults told they have high BP has ↑ from 16.4% (1997) to 25.3%	• Wellness Coalition is active and has obesity as a priority. • YMCA "Family Fitness" activities promoted. • Improvements in the built environment encourage increase in activity levels (walking/bike trails; fitness centers; indoor walking and sports options; green space). • More workplace wellness programs available. • Unit 5/District 87 wellness initiatives include

Chronic: Behavioral Risk Factors (BRFS) Cont.	(2008); HP 2020 = no more than 26.9%; 86.5% (2008) report taking medications for high BP compared to 77.2% in 2002; 88.1% have been prescribed medications for high BP. • High cholesterol: 28.9% (2008) of McLean County adults have high cholesterol; HP 2020 = no more than 13.5%. 65.3% (2008) had a cholesterol check within the past 5 years; HP 2020 = 82.1%. • Physical Activity: activity levels for adults in McLean County ↑ from 35% (2004) to 39.7% (2008). Youth: 41% of 6th grade students participated in physical activity 7 days/week.	student/youth and faculty wellness • Employee Wellness Best Practices group.
Oral Health	• Access to Dental Care for Medicaid and under-insured. HP 2020 goal: Reduce disparities in access to preventive/dental treatment services. • 42.5% of McLean County 3rd graders have cavity experience (IL = 53.2%); 20.9% have untreated cavities (IL = 29.1%). HP 2020 = 49% • Dental/oral health complaints: 4th leading reason for ED visits. • 2011 phone survey of all 60 MC dental practices (100 dentists): revealed that no practice openly accepts MA clients. Low and slow reimbursement by IL are factors; these circumstances leave the MCHD Dental Clinic as the only primary dental home for Medicaid clients. • Medicaid does not pay for preventive oral health care for adults in IL; MCHD Dental Clinic for adults is pain-control only; MA coverage for children includes more dental treatment and preventive care. • 13,072 county children are enrolled in All Kids/Medicaid. • 9,066 county adults are enrolled in Medicaid.	• Many willing community partners, including dental practices, John M. Scott Health Care Commission, township agencies, Chestnut Health, both local hospitals and local school districts. • John M. Scott Health Care Commission provided (1/2011-10/2011) over $22,000 for dental services for indigent residents who do not qualify for other assistance • America's Promise School Project: works with local schools via nursing students to bring oral health messages to students. • Receipt of several grants has allowed the MCHD Dental Clinic to add an additional operatory so that more clients may be seen. • Local oral surgeon group arranges for x2/yr free "extraction" clinics in Blm/Normal. • Local dentists, hygienists, assistants and others pooled resources to sponsor a "Mission of Mercy" dental treatment event in June 2011 which served over 2,000 in 2-days.

Mental Health	• Access to care: Nat'l stats indicate 1 in 20 persons have a severe, persistent mental illness, giving McLean County an estimated 8,478 individuals in this category (2010 pop. = 169,572; 169,572 x 5%). • Between 2800 (2005) to 3600 (2009) unduplicated clients are provided MH services every year by the MC Center for HS. 2011 = 2,931. • Admissions/days of care at DHS facilities for children: reduced to 0 (from 99-467 days in 2001-2003). Adults: elimination of state-run acute care psych beds continues. Jacksonville to close soon. • Continued erosion of state funding for local mental health services. • 2007 IL: adol. with major depressive episode = 8.3%; adults = 7.3%. • 2007 IL: adults with serious psychological disorders = 11%. • IL: Inmates on MH meds released from DOC receive only a 1-week supply. John M. Scott HCC provides some psych meds: ave. cost = $296/psych med; psych med program cost = $2,072/month. • Fed. stats: # of mentally ill inmates in US jails/prisons has quadrupled over the past 6 yrs.; more than half of all inmates now report major MH problems; almost ¾ (73%) of all women in state prisons have a primary MH diagnosis, compared to 55% for men. • # domestic disputes↑ from 159 incidents (2004) to 220 (2010).	• Some assistance with the high cost of medications via the John M. Scott Health Care Commission. • McLean County Center for Human Services: addition of a Nurse Practitioner in 2012 will allow an additional 100-150 clients to be seen. • Crisis Response Team via the McLean County Center for Human Services is still available. • Advocate/BroMenn continues to offer some in-patient psych/mental health beds. • Mental health services are supported by local resources, including from the United Way, John M. Scott Health Care Commission, township and county property taxes, and the Indigent Drug Program through the McLean County Center for Human Services.
Suicide	• Suicides in McLean County: 10.6 suicides/100,000. HP 2020 goal = 10.2. • Suicide rate in McLean County has increased between 2006 (8.0/100,000) and 2010 (10.6/100,000). Highest = 10.9 in 2008. • McLean County rate has remained above the available state rates (IL 2008 = 9.3).	• PATH 211 continues to field calls and offer support. • 1-800 #s for support and referral are still being funded and are available to county residents.

Suicide Cont.	• Suicide calls to PATH have steadily increased each year since 2007: 410 (2007) to 920 (2010). • Calls to 1-800-SUICIDE and 1-800-275-TALK calls from McLean County residents have increased from 11 in 2007 to 338 in 2010. • Domestic disputes: county #s ↑ from 159 incidents (2004) to 220 (2010); 2011 #s on-track for surpassing 2010—122 reports for 1st 6-months 2011. Aggr. dom. battery #s ↑ from 3 (2007) to 7 (2010).	
C-Section Rate	• C-Sections in McLean County: from 2000 to 2008, Cesarean birth deliveries ranged from a low of 22.6% in 2000 to a high of 36.8% in 2007. • HP 2020 goal = less than 23% of births will be a c-section. • IL: c-section deliveries ranged from a low of 20.9% (2000) to a high of 30.6% (2008)	• March of Dimes initiative: "Less than 39 Weeks", which seeks to eliminate non-medically indicated (elective) deliveries before 39 weeks gestational age. The March of Dimes provides a toolkit for healthcare providers.
Congenital Anomalies	• Most recent available 5-year rolling average identifies the congenital anomaly incidence rate for McLean County as 530.6/10,000 live births (2000-2004). IL = 397.6. • The McLean County rate is consistently higher than the IL rates. • Of the 10,479 live births in McLean County during the 2000 – 2004 time period, 111.2 reported congenital anomalies—approx. 1% of the live births in that 5-year period. • No HP 2020 goals fit the data collected by IL for McLean County. • Congenital anomalies are the 3rd leading cause of death in IL for children ages 1-4 (accidents, motor vehicle accidents, congenital malformations, diseases of the heart, malignant neoplasms, assault or homicide).	• FCM and WIC available to continue to encourage and refer for early entry into care and appropriate nutrition. • All health care providers: encouraging the use of folic acid pre-conception and during pregnancy has become standard practice. • Both local hospitals are participating in the March of Dimes initiative: "Less than 39 Weeks", which seeks to eliminate non-medically indicated (elective) deliveries before 39 weeks gestational age.
Infant Mortality Rate	• IMR for McLean County = 10.2/1,000 live births (2003-2006 average per March of Dimes for the Heartland Division). With	• Many OB/GYNs in McLean County available to accept clients.

Infant Mortality Rate Cont.	the exception of 2002 during this time period, McLean's IMR is higher than IL's IMR. Current IMR (2006) = 9.0. HP 2020 goal = 6.0/1,000 live births. • McLean County IMR range (1996 – 2006): low of 6.2/1,000 (1999) to high of 11.7 (2003). 1992 (IMR = 5.6) was the last time the county did not exceed the HP 2020 goal of 6.0/1,000. • In 2008: 13 infants died before their first birthday. • Disparities: the IMR for African Americans in the March of Dimes Heartland Division is 15.1/1,000 live births in comparison to the white rate of 6.9/1,000. (IL = 7.4).	• Presence of active WIC, Family Case Management and AOK programs. • FCM program available to refer pregnant women on Medicaid to OB/GYNs using rotation system. • Both local hospitals are participating in the MOD initiative: "Less than 39 Weeks". • MOD programs and grants.
Very Low Birth Weight	• VLBW: from 2000 to 2008, the proportion of infants born with VLBW in McLean County has exceeded the HP 2020 goal 5 of the 9 years. • VLBW in McLean County = 1.9% of live births (2008). Range (2000-2008) = 0.8% (2000) to 1.9% (2008). • HP 2020 goal for VLBW: no more than 1.4% of birth should be VLBW. • For low birth weight births (LBW), McLean County has met or been better than the HP 2020 goal for LBW of 7.8%. Current county LBW = 6.1% (2008); range (2000-2008) = 5.4% (2002) – 7.4% (2005). • Mothers beginning prenatal care in 1st trimester: 88% of McLean County women start care in the 1st trimester of pregnancy (2000-2006). Disparity: white rate = 88%-91%; black rate = 67%-75%. HP 2020 goal = 77.9%. • Adequate prenatal care in McLean County: range = 81% (2007) - 88% (2004); HP 2020 goal = 77.6%.	• Many OB/GYNs in McLean County available to accept clients. • Presence of active WIC, Family Case Management and AOK programs. • FCM program available to refer pregnant women on Medicaid to local OB/GYNs using a rotation system for providers. • March of Dimes programs/grants, including the "Less than 39 Weeks" initiative, which seeks to eliminate non-medically indicated (elective) deliveries before 39 weeks gestational age. Toolkit available.
Breast Feeding	• Breast Feeding rates for McLean County WIC participants rose from a low of 43.9% (2000) to 73% (2011). HP 2020 goal = 82% (for initiation) and 61% (for 6-month duration). • Breast feeding rates are tracked at both local hospitals.	• Presence of strong WIC and FCM programs to encourage BF. • BF Peer Counselor available. • Lactation Counselors at both hosp.

Prenatal Care Access	• Mothers beginning prenatal care in 1st trimester: 88% of McLean County women start care in the 1st trimester of pregnancy (2000-2006). Disparity: white rate = 88%-91%; black rate = 67%-75%. HP 2020 goal = 77.9%. • Adequate prenatal care in McLean County: range = 81% (2007) - 88% (2004); HP 2020 goal = 77.6%. • Heartland Division of the March of Dimes (2005-2008 ave.): reports 2.4% of McLean County women receive late or no prenatal care; 7.5% receive inadequate prenatal care; 14.4%; experience preterm birth (above state rate of 13%). HP 2020 goal for preterm births = no more than 11.4% of live births.	• Many OB/GYNs in McLean County available to accept clients. • Presence of active WIC, Family Case Management and AOK programs to assist with referrals to care. • FCM program available to refer pregnant women on Medicaid to local OB/GYNs using a rotation system for providers. • March of Dimes support for educational resources/toolkits.
Sexually Transmitted Diseases	• Chlamydia: from 2007 – 2009, McLean County rates were above the US rates, but below IL rates. Range (2006-2009): low of 340.4 (2006) to high of 442.1 (2008). Current rate (2010) = 412. McLean: 73% of cases occur in females; 35% in the 15-19 age group. HP 2020: reduce Chlamydia rates among females ages 15-44. • Gonorrhea: until 2010, McLean County rates were below the IL rates. Range (2006-2009): low of 69.1 (2009) to high of 144.9 (2007). Current rate (2010) = 100.3. McLean: 55% of gonorrhea cases occur in females; 33% in the 15-19 age group. HP 2020: 257 new cases per 100,000 in females ages 15-44. • Chlamydia and Gonorrhea are the #1 and #2 reportable disease in McLean County, IL, and the US. • 2006: McLean County ranked 15th out of 102 IL counties with the highest cases of Chlamydia.	• In addition to private providers, several testing sites are available in McLean County (such as the health department; Planned Parenthood; university health services). • MCHD Brown Bag Program provides easily accessible testing for Chlamydia and Gonorrhea.
Tuberculosis	• TB: McLean County case rate = 1.3 cases/100,000. HP 2020 goal = no more than 1.0 new case/100,000 people. • McLean: ave. # cases per year = 2.2; low risk county by CDC • McLean County is a "low risk" county by CDC definition (less than 3 active cases per year.	• TB testing/follow-up are available at the MCHD, with evaluation by physician provided. • TB services in McLean County are funded in part by the TB Levy, can be used to pay for TB diagnostic tests and hospitalizations when 3rd party payers are not available.

Vaccine-Preventable Diseases (Children)	• IMM rates for older children on the WIC/FCM caseload: 87%-89%; this rate is below the CDC National Immunization Survey of 2010 Coverage Rates for downstate IL: 97.1% (DTap); 90.5% (MMR); 89% (Varicella). • Reportable cases in McLean County (2006-2010) of vaccine preventable diseases include: Pertussis (80 confirmed/probable; 16 cases under age 1); Mumps (1 case); Chicken Pox (317 cases).	• Many pediatricians in McLean County available to provide vaccinations. • Several Vaccines for Children (VFC) providers in the county. • WIC/FCM staff routinely encourage and arrange for IMM for clients.
Toxics and Waste (hazardous waste disposal)	• 18,294 gallons of hazardous waste (HW)were accepted for safe disposal during the last collection event in McLean County in 2007. Each event costs approx. $125,000. • McLean County recorded the 2nd highest HW collection amount (# 55 gallon barrels = 340.71) between 2001-2010, and accounted for approx. 8% of waste collected in IL. • IL's Solid Waste Fund has been "swept by the General Assembly for other purposes" per the Ecology Action Center. • If no further collections, >23,000 55 gallon barrels of hazardous wastes may find their way into the environment.	• Strong local public support for Household Hazardous Waste Collection events: over 2,000 households participated in 2007. • Ecology Action Center • IL EPA • Prescription Drug recycling program available at hospitals and police stations in Bloomington/Normal.
Radon	• Ave. indoor radon levels = 6.9 pCi/L (McLean). In 2004, the level was 5.5pCl/L. • Ave. indoor radon levels = 4.4 pCi/L (State) • Ave. indoor radon levels = 1.3 pCi/L (U.S.) • 2008: radon noted, via the IL Radon Awareness Act, as the leading cause of lung cancer in non-smokers and 2nd leading cause overall. • Nationally: only 10% of homes with radon levels of 4 pCi/L or more (prior to mitigation) had installed a radon mitigation system. HP 2020 target = 30%.	• McLean County Radon Task Force is still available; first founded during the 1994-1999 IPLAN Community Health Plan. • The Ecology Action Center promotes and sells radon test kits for $10.00. • IL Radon Awareness Act

1. *Health Problem: Cancer*

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A. **% Population at Risk: 23% - 44% for males; 19% - 38% for females**

- Incidence: Lifetime probability for males = 44.29%
  Lifetime probability for females = 37.76%
- Mortality: Lifetime probability for males = 23.2%
  Lifetime probability for females = 19.54%
- Behavioral Risk Factor Survey (BRFS) of 04/2009: (2010 Census. = 169,572)
  - 21.2 % sedentary lifestyle = 35,949 (169,572 x .212) compared 25.8% in 1997 36,558 (141,699 x 0.258).
  - 20.7% obesity = 35,101 (169,572 x 0.207) compared to 30.6% in 1997 43,359 = (141,699 x 0.306).
  - 16.1% smoking = 27,301 (169,572 x 0.161) compared to 26.8% smoking in 1997 = 37,975 (141,699 x 0.268).
  - 43.9% consumed less than 3 servings of fruits/vegetables per day = 74,442 (169,572 x 0.439) compared to 60,080 (141,699 x 0.424) in 1997.

B. % Population with this Health Problem: 0.5% (based on new cases); 22% - 25% of all deaths

- From 2004-2008, 3,484 cases of cancer were diagnosed in McLean County. Rate of 502.7 per 100,000. About 0.5% population.
- In 2008, the prevalence of Cancer in the US was 3.9% of the population living with cancer.
- A total of 1,446 deaths from cancer (all types) occurred during the six year period of 2003-2008 in McLean County. The average is 241 per year (1,446/6 years = 241).

 # Cancer Deaths (all types)
Identified in "Leading Causes of Mortality" (IDPH Vital Records)

	Malignant Neo.	Lung / Bronchus	Colo-Rectal	Breast Canc.	Prostate	Leukemia	Other Malignant Neo.	% deaths
2003	241	67	20	12	14	9	119	23%
2004	219	63	17	20	9	9	101	22%
2005	224	66	18	18	16	5	101	22%
2006	256	77	30	18	15	8	108	24%
2007	246	68	32	21	13	8	104	25%
2008	260	74	24	18	11	13	120	22%
Total	1446	415	141	107	78	52	653	

% with health problem column: total cancer deaths in a year/total # deaths in that same year

Sources: IPLAN Data Set 07/06; BRFS 04/09; Census Data and Estimates 2003-2007. U.S. National Cancer Institute (SEER) Database based on incidence and mortality data for the US from 2005 through 2007 (2010) www.cancer.org/docroot/CRI.

Health Problem: Breast Cancer

A. % Population at Risk: **51.4% (all females)**
14.0% (women age 65 and over at most risk)

- Number of all females in McLean County = 87,243
  - (51.4% of the 2010 population of 169,572)
- 230,480 women will be diagnosed in 2011 and 39,520 women die per year in the U.S.; 450 men will die per year compared to 44,000 deaths in women and 400 deaths in men in 1999.
- 1 in every 8 women will be diagnosed with breast cancer in their lifetime: 10,905
- Risk by age:

20:	1 in	1,985
30:	1 in	229
40:	1 in	68
50:	1 in	37
60:	1 in	26
70:	1 in	24
Ever:	1 in	8

Most at Risk: 9,984 (age 65 and above)/71,568 (ages 15 and over) =0.1395 x 100 = 14%

B. % Population with the Health Problem: **0.068% (total population-based on new cases)**
0. 126% (female population- new cases)
1.15% - 2.45% of deaths

- From 2004-2008, 478 cases of breast cancer (476 women and 2 men) were diagnosed in McLean County. Rate of 68.3 per 100,000 for all; 0.8 per 100,000 for men, and 126.7 per 100,000 for women.
- From 2000-2008, a total of 164 deaths from breast cancer were reported in the IDPH Vital Records.
- Number deaths per year of breast cancer deaths compared to total deaths:

2000:	20/969	x 100%	=	2.06%
2001:	13/1007	x 100%	=	1.29%
2002	24/981	x 100%	=	2.45%
2003:	12/1039	x 100%	=	1.15%
2004:	20/997	x 100%	=	2.01%
2005:	18/1019	x 100%	=	1.77%
2006:	18/1067	x 100%	=	1.69%
2007:	21/993	x 100%	=	2.11%
2008:	18/1157	x 100%	=	1.56%

Sources: IDPH Vital Records; U.S. Census 2000, 2010; IPLAN data set lists only female deaths; Illinois County Cancer Statistics Review-Incidence 2004-2008.

Health Problem: Colorectal Cancer

A. % Population at Risk: 12% - 15%
(Most at risk: males and females age 50 and over)

- Colorectal cancer is the third most common cancer in both men and women. The risk of colon cancer increases with age; more than 90% of cases are diagnosed in individuals older than age 50.
- The cancer incidence rates have been decreasing since 1985, from 66 to 52 per 100,000 in 2002. (18% of the 2005 population x 159,013 = 28,622).
- McLean County adults age 50 and above: 12% to 15% of 2010 population x 169,572 = 21,151 (males over 50) to 24,656 (females over 50).
- From 2000 - 2008, a total of 219 deaths were reported in McLean County in the IPLAN Data Set.

B. % Population with Health Problem: 0.053% (based on new cases);
1.71% - 3.22% of deaths

- From 2004-2008, 366 cases of colorectal cancer were diagnosed in McLean County. Rate of 53.4 per 100,000 for. About 0.053%

Number of deaths per year colorectal cancer compared to total deaths:

2000:	26/969 x 100%	=	2.68%
2001:	24/1007 x 100%	=	2.38%
2002:	28/981 x 100%	=	2.85%
2003:	20/1039 x 100%	=	1.92%
2004:	17/997 x 100%	=	1.71%
2005:	18/1019 x 100%	=	1.77%
2006:	30/1067 x 100%	=	2.81%
2007:	32/993 x 100%	=	3.22%
2008:	24/1157 x 100%	=	2.07%

Sources: IDPH Vital Records, IPLAN Data Set; U.S. Census for 2000 and 2010, Illinois County Cancer Statistics Review-Incidence 2004-2008.

Health Problem: Lung Cancer

A. **% Population at Risk: 16.1% (adults); 29% (adolescents)**

- Smoking: Adult smokers (BRFS 4/09): 16.1% (169,572x 16.1) = 27,301 compared to 20.8% in 2004 (158,006 x 20.8) = 32,865)

Adolescent smokers (2010): 14.0% (8th grade)
21.0% (10th grade)
29.0% (12th grade)

B. **% Population with the Health Problem:** **0.069%(based on new cases); 5.56% - 7.22% of deaths**

- From 2004-2008, 458 cases of lung cancer were diagnosed in McLean County. Rate of 68.6 per 100,000 for. About 0.069%.
- Number of deaths from lung cancer 2000 - 2008: 593, leading cause of cancer deaths.

2000:	55/969	x 100%	=	5.68%
2001:	56/1007	x 100%	=	5.56%
2002:	67/981	x 100%	=	6.83%
2003:	67/1039	x 100%	=	6.45%
2004:	63/997	x 100%	=	6.32%
2005:	66/1019	x 100%	=	6.48%
2006:	77/1067	x 100%	=	7.22%
2007:	68/993	x 100%	=	6.85%
2008:	74/1157	x 100%	=	6.40%

Sources: Behavioral Risk Factor Survey (BRFS) of 4/09 (N = 400); Heartland Coalition Youth Survey (2006); IPLAN data set of 02/06; Illinois County Cancer Statistics Review-Incidence 2004-2008.

Health Problem: Radon

A. % Population at Risk: 40% exposed to high radon levels (above 4pCi/L)

- The average radon level for homes in McLean County in 2004 was 5.5 pCi/L. The average has increased to 6.9 pCi/L currently.
  a. 21% of single family homes(SFH) had radon level under 2 pCi/L.
  b. 20% of single family homes had radon level between 3-3.9 pCi/L.
  c. 59% of single family homes had radon level 4 pCi/L and above.
    i. 66% of population live in single family homes in U.S.
    ii. .66X169572 = 111,918; 111,918 X .59 = 66,031; 66,031/169572 X 100% = 40%.

B. %Population with Health Problem: 13% of lung cancers deaths attributed to high radon exposure (national estimate)

- Radon is estimated to cause about 21,000 lung cancer deaths per year, according to EPA.
  - Total U.S. lung cancer deaths – 158,683. 21000/158683 X 100% = 13%.
- Fix your home if your radon level is 4 picocuries per liter, or pCi/L, or higher.
- In 2011, 33% SFH built in high radon potential areas with radon reducing features.
- 1 in 6 homes nationally is built with radon reducing features.
- The EPA estimates nearly 1 out of every 15 homes in the U.S may have elevated radon levels. – 6.7%.

Sources: NAHB – National Association of Home Builders Research Center; EPA, American Cancer Society.

2. *Health Problem: Chronic Liver Disease and Cirrhosis*

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Health Problem: Cirrhosis

A. % Population at Risk: 9% (national estimate)
B. %Population with Health Problem: 5% - 10% (national estimate), 0.8%-1.8% of deaths

Deaths per year

Year	# deaths	Crude Rate	Age adj	%of total deaths
2008	21	12.4		1.8%
2007	***			
2006	9	***	***	.84%
2005	11	6.8	***	1.08%
2004	12	7.6	8.9	1.2%
2003	8	***	***	0.8%
2002	8	***	***	0.8%
2001	13	8.6	10.1	1.3%
2000	11	7.3	***	1.1%

*** value too small and is suppressed to ensure confidentiality and meaningful data

- The exact prevalence of cirrhosis in the U.S. is unknown, but it has been estimated to be between 5 and 10 percent.
- The total number of deaths due to cirrhosis of the liver ranged from 8-21 during 2000-2008, with the highest number being in 2008.
- The crude rate for 2008 is 12.6, which is above the Healthy People 2020 goal of no more than 8.2/100,000.
- In 2007, liver cirrhosis was the 12th leading cause of death in the U.S., with a total of 29,165 deaths.
- In the U.S., number of discharges with chronic liver disease or cirrhosis as the first-listed diagnosis in 2007 was 112,000.
- In the U.S., heavy alcohol consumption and chronic hepatitis C have been the most common causes of cirrhosis.
- About 10 to 15 percent of people with alcoholism develop cirrhosis, but many survive it. Many are unaware that they have it, and about 30 to 40 percent of cirrhosis cases are discovered at autopsy.

Sources: IPLAN Data System, IQUERY, MCHD Statistical Abstract 1994-2004, Mortality Reports, IDPH (2000-2008), National Institute of Alcohol abuse and Alcoholism - Liver Cirrhosis Mortality In The United States, 1970–2002.

Health Problem: Infectious Disease – Hepatitis C

A. % Population at Risk: 0.06% 1 in 1,813 (national estimate)
B. %Population with Health Problem: 0.74% or 1 in 136 (national estimate)

- Some acute viral hepatitis infections become chronic, leading to liver inflammation and injury that, over time, progress to cirrhosis. After alcohol related cirrhosis, the National Digestive Diseases Information Clearinghouse (NDDIC/NIH) notes that chronic "hepatitis C virus ranks with alcohol as a major cause of chronic liver disease and cirrhosis in the United States."

Source: NIDDK.

Health Problem: Behavioral Risk Factor – Chronic Alcohol Use

A. % Population at Risk: 6.1% - 25.3%

Behavior Risk Factor Survey Indicator	BRFS Round #1 10/1997	BRFS Round #2 2/2002	BRFS Round #3 8/2004	BRFS Round #4 12/2008
Alcohol: at risk for acute/binge	20.8	**25.3**	20.3	**19**
Alcohol: at risk for chronic use	**6.1**	8.7	**8.7**	**NA**

B. %Population with Health Problem: 8.7% adults

- Although only about a third of chronic alcoholics develop cirrhosis, between 75%-80% of cirrhosis cases could be prevented by eliminating alcohol abuse. Alcoholic cirrhosis usually develops after ten or more years of heavy drinking.
- The amount of alcohol consumption that produces cirrhosis varies widely, with as few as 2-4 drinks per day resulting in damage to some people. Compared with men, women appear to be more susceptible to cirrhosis at lower alcohol intakes.
- In general, though, the more you drink, the more likely that you will develop cirrhosis. Alcohol is toxic to liver cells. It also damages the liver by altering normal metabolism of proteins, fats, and carbohydrates. Chronic alcoholics also tend to have poor quality diets, which may contribute to the development of cirrhosis.

Sources: Behavior Risk Factor Survey 1997-2008, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), CDC.

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3. *Health Problem: Infant Mortality*

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Health Problem: Infant Mortality

A. **% Population at Risk: 4.57% - 5.09% (of children 0-18 years)**

- Number and % of live births compared to total children birth through 18 years:

2000:	1990/43,505	X 100%	=	4.57%
2001:	2041/43,505	X 100%	=	4.69%
2002:	2100/43,505	X 100%	=	4.83%
2003:	2133/43,505	X 100%	=	4.90%
2004:	2215/43,505	X 100%	=	5.09%
2005:	2175/43,505	X 100%	=	5.0%
2006:	2272/44,049	X 100%	=	5.16%
2007:	2156/44,049	X 100%	=	4.89%
2008:	2132/44,049	X 100%	=	4.84%

B. **% Population with the Health Problem:** **0.3% - 1.17% of infants <1 year**
IMR **7.8 per 1000 (2000-2008)**

- Infant mortality rates(IMR) per 1,000 for years 2000-2008

	Total deaths	IMR
2000:	6	3
2001:	18	8.8
2002:	15	7.1
2003:	25	11.7
2004:	20	9
2005:	23	10.6
2006:	20	9
2007:	10	4.4
2008:	13	6

- Infant Mortality in McLean County: Total of 150 deaths (from 2000-2008)/ 19214 live births (2000-2008) x 1,000 = 7.8 deaths/1000 live births.
- Disparities: the IMR for African Americans in the March of Dimes Heartland Division is 15.1/1,000 live births in comparison to the white rate of 6.9/1,000. (IL = 7.4).
- In 2006, the number of women who reported smoking tobacco during pregnancy was 10.8%, a drop from 12.2% in 2005. There was a slight increase to 11.3% in 2007, and then a drop again to 10.5% in 2008.

Sources: IPLAN data set as of January 2012; MCHD birth and death certificates.

Health Problem: Prenatal Access

A. **% Population at Risk: 12% (don't start care in 1st trimester)**
B. %Population with Health Problem: 9.9% - 14.9% (inadequate prenatal care)

- Mothers beginning prenatal care in first trimester: 88% of McLean County women start care in the first trimester of pregnancy (2000-2006). Disparity: white rate = 88%-91%; black rate = 67%-75%. HP 2020 goal = 77.9%.
- Adequate prenatal care in McLean County: range = 81% (2007) - 88% (2004);
- Heartland Division of the March of Dimes (2005-2008 ave.): reports 2.4% of McLean County women receive late or no prenatal care; 7.5% receive inadequate prenatal care = 9.9% total.
- In 2009, adequate prenatal care reported at 85.9%, inadequate prenatal care at 14.9%.

Source: IDPH, March of Dimes

Health Problem: Very Low Birthweight (VLBW)

A. **% Population at Risk: 4.57%-5.09% (of children 0-18 years)**
B. % Population with the Health Problem: 0.8% - 1.9% of births

% VLBW births out of total births:

2000: 0.8%
2001: 1.4%
2002: 1.2%
2003: 1.6%
2004: 1.6%
2005: 1.7%
2006: 1.3%
2007: 1.6%
2008: 1.9%

- VLBW: from 2000 to 2008, the proportion of infants born with VLBW in McLean County has exceeded the HP 2020 goal 5 of the 9 years. HP 2020 goal for VLBW: no more than 1.4% of birth should be VLBW.
- "Infants born at low birth weight (LBW) experience severe health and developmental difficulties that can impose substantial costs on society. Studies have also established a correlation between LBW and high blood pressure, cerebral palsy, deafness, blindness, asthma, and lung disease among children, as well as with IQ, test scores, behavioral problems and cognitive development." [1] *THE COSTS OF LOW BIRTH WEIGHT, by Douglas Almond, Kenneth Y. Chay, and David S. Lee; The Quarterly Journal of Economics,* August 2005; p. 1031-1083

Sources: IPLAN datasets; March of Dimes.

Health Problem: Congenital Anomalies

A. **% Population at Risk: 4.57%-5.09% (of children 0-18 years)**
B. **% Population with the Health Problem: 0.071% - 0.10% (% per year; cases of congenital anomalies)**
0% - 63% (% of infant deaths each year due to cong. anomalies)

Cases (average number per year using moving five-year intervals): 99-130 cases/year

1996-2000:	115 cases	(115/150,433 total 2000 pop. x 100% = 0.076%)
1997-2001:	112 cases	(112/150,433 x 100% = 0.075%)
1998-2002:	110 cases	(110/150,433 x 100% = 0.073%)
1999-2003:	106 cases	(106/150,433 x 100% = 0.071%)
2000-2004:	111 cases	(111/150,433 x 100% = 0.074%)

Cases: 1:33 babies in the U.S. are born each year with birth defects (approximately 120,000).
2002: March of Dimes reported that birth defects accounted for 1:5 infant deaths in IL.

Deaths (% of infant deaths due to congenital anomalies): 0% - 63%

2000:	2 (2/6 x 100% = 33%)
2001:	6 (6/18 x 100% = 33%)
2002:	5 (5/8 x 100% = 63%)
2003:	6 (6/25 x 100% = 24%)
2004:	0 (0/20 x 100% = 0%)
2005:	4 (4/12 x 100% = 33%)
2006:	1 (1/5 x 100% = 20%)

McLean County - Total Number and Prevalence Rates of Congenital Defects in Newborn Infants 2004 – 2008 (a five-year period)

Congenital defect or other	**Cases**	**Rate**
Major Central Nervous System Defects	11	10
Major Cardiovascular System Defects McLean County ranked 9th highest	226	204.9
Major Alimentary Tract Defects McLean ranked 6th highest in the state	35	31.7
Major Genitourinary System Defects McLean ranked 15th highest in the state	83	75.3
Major Musculoskeletal Defects McLean County ranked the highest in the state	30	27.2
Major Chromosomal Defects	12	10.9
Serious Congenital Infections McLean ranked 13th highest in the state	29	26.3
Total	426	
Infants With Very Low Birth Weights (< 1500 g) McLean ranked 10th highest in the state	219	198.6
Perinatal Deaths McLean ranked 7th highest in the state	122	110.6

- Congenital anomalies are the third leading cause of death in IL for children ages 1- 4 (accidents, motor vehicle accidents, congenital malformations, diseases of the heart, malignant neoplasms, assault or homicide).

Sources: IPLAN data set as of February 2012; IDPH; March of Dimes; IDPH.

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4. *Health Problem: Mental Health*

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Health Problem: Mental Health (general)

A. % Population at Risk: 20% (national estimate)

- Estimate 1 out of 5 individuals with have a mental health episode sometime in their life. – 20%.
- If you use the 20% from above that equates to 169,572 X 20% = 33,914.
- Mental Illness is an equal opportunity affliction. It impacts all ages, race, sex, and income level. The issue here is access to services for mental health and substance abuse services.
- 2007 IL: adol. with major depressive episode = 8.3%; adults = 7.3%.
- 2007 IL: adults with serious psychological disorders = 11%.

B. %Population with Health Problem: 5% (national estimate)

- National statistics indicate that 1 in 20 persons have a severe and persistent mental illness – 5%.
- National Institute of Mental Health estimates 1 in 17 American adults have serious debilitating mental illness. Pop. Estimate 2010 = 169,572 x 5% = 8,478.6.

Health Problem: Access to Care

A. % Population at Risk: 23.7% (public insurance or no insurance)
B. %Population with Health Problem: 4.7%

- Another factor in demand for health services, including mental health services, is the number of uninsured and publicly insured individuals. It is estimated that 13.6% of the population in McLean County, or 23,062 individuals, are publicly insured and 17,126, or 10.1%, do not have health insurance. **Total 23.7%.**
  - Of those 23.7%, 20% may have a serious mental health issue – **4.7%** of population.
- Continuing erosion of State supported mental health services in McLean County, especially for the uninsured and underinsured.

Health Problem: Suicide

A. **% Population at Risk**: **0.74%**
% Population aged 65 and over at Risk: 2.5%

- Suicide calls to PATH from 2006 to 2010 ranged from 410 in 2007 to 920 in 2010.
- Suicide calls to 800/Suicide and 275 talk calls for McLean County ranged from 0 in 2006 to 338 in 210.
    - Total calls in 2010 – 920+338=1258, 1258/169572 = .**74%**
- The number of suicides has ranged from 15 to 18 between the years of 2006 and 2010.
- According to the 2002 BRFS, 11.2% of the population had 8-30 days during which their mental health was not good.
- In McLean County, suicide rates are higher in adults ages 65 and above.
- According to the 2004 BRFS, 22.4% of the population surveyed had more than two days in the past month that they were depressed, sad, and/or blue.
- Assumption: there is an increased risk that those persons who are depressed, sad, and/or blue, and are in the age range of 65 and over, may commit suicide. (**2.5%)**

B. % Population with the Health Problem: 0.0076% - 0.0106%

2006	13	(13/169,572) X 100% = **0.0076%**	or 8.0 per 100,000
2007	15	(15/169,572) X 100% = 0.0088%	or 9.1 per 100,000
2008	18	(18/169,572) X 100% = 0.0106%	or 10.6 per 100,000
2009	17	(17/169,572) X 100% = 0.0100%	or 10.1 per 100,000
2010	18	(18/169,572) X 100% = **0.0106%**	or 10.6 per 100,000

Sources: 2002-2008 BRFS; IPLAN Data.

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5. Health Problem: Obesity

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Health Problem: Obesity

A. % Population at Risk: 39.5% adults, 11.1% youth

- Overweight adults increased from 35% (2004) to 39.5% (2008)
- 11.1% of McLean County youth are overweight (sixth-12th grade);

B. %Population with Health Problem: 22% adults; 5.1% youth

- Obese adults increase from 20.7% (2004) to 22% (2008).
- 5.1% of McLean County youth are obese (sixth-12th grade).
- Overweight and obesity together represent the No. 2 preventable cause of death in the U.S. Nearly, seven out of 10 U.S. adults are overweight and three out of 10 are obese.
- Each year, an estimated 300,000 U.S. adults die of causes related to obesity.

Health Problem: Behavioral Risk Factors

Sedentary lifestyle

A. % Population at Risk: unknown
B. %Population with Health Problem: 60.3% adults; 59% youth

- Physical Activity: moderate levels: increased from 35% (2004) to 39.7% (2008).
- 41% of McLean County 6th grade students participated in physical activity 7 days per week.

Low Fruit and Vegetable intake

A. % Population at Risk: unknown
B. %Population with Health Problem: 86.3% adults; 85-90% youth

- 86.3 percent of adults reported eating fewer than five servings of fruits and vegetables per day in 2008 compared to 79.1% in 2004.
- 16% of McLean County 6th grade students ate 4 or more fruits a day.
- 9% of McLean County 6th grade students ate 4 or more vegetables a day.
    - 85-90% low fruit and vegetable intake.

Sources: McLean County BRFS data 1997-2008; 2010 Illinois Youth Survey; American Heart Association.

Health Problem: Diabetes

A. % Population at Risk: 18.6% (national estimate)
- An estimated 57 million Americans have pre-diabetes, which means they are at risk of developing diabetes, or 18.6%.

B. %Population with Health Problem: 6.8% adults; 0.26 youth (national estimate)
- In 2008, 6.8% reported being told they are diabetic compared to 3.6% in 2004.
- In 2008, the McLean County crude mortality rate for diabetes was 19.5/100,000 which was below the HP 2020 goal of 65.8/100,000.
- 46% of McLean County adults have had their blood glucose level checked in the past year (2008 BRFS).
- If current trends continue, 1 of 3 U.S. adults will have diabetes by 2050.
- Diabetes hospitalization rates have continued to increase from 74/100,000 in 1999 to 90.1/100,000 in 2001.
- Overall, the risk for death among people with diabetes is about twice that of people of similar age but without diabetes.

Sources: IPLAN Data System; IQUERY; BRFS Data for McLean County and Illinois; Mortality Reports, IDPH (2000-2008); 2011 National Diabetes Fact Sheet - CDC.

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6. Health Problem: Oral Health

Health Problem: Oral Health (general)

A. % Population at Risk: 75% (national estimate)

- Gingivitis, an early stage of gum disease, and advanced gum disease affect more than 75% of the U.S. population.

B. % Population with Health Problem: 56% adults; 50-66% youth (national estimate)

- Tooth decay is the most common chronic disease affecting children in our country.
- More than 25% of pre-school children already have dental problems; more than 50% of vulnerable (low income) children and 2/3 of adolescents **(66%)** have dental disease.
- Nationally, 51 million school hours are lost annually due to dental-related illness; children from low-income families had nearly 12 times as many missed school days due to dental problems.
- 42.5% of McLean County third graders have cavity experience (IL = 53.2%); 20.9% have untreated cavities (IL = 29.1%). HP goal 2020 = 49%
- Dental/oral health complaints: fourth leading reason for ED visits at a local hospital.
- Over 40% of poor adults (20 years and older) have at least one untreated decayed tooth compared to 16% of non-poor adults. – **56%**
- 33% of 3-year-olds enrolled in the WIC (Women, Infants & Children) Nutrition program have signs/symptoms of early childhood caries.

Health Problem: Access to Care – Dental Care

Access to Dental Care for Medicaid population, the under-insured, and uninsured— HP 2020 goal: Reduce disparities in access to effective preventive and dental treatment services. Three oral health objectives address access to preventive services for persons of all ages.

A. % Population at Risk: 46% (national estimate)

- **46%** of the U.S. population (Illinois- 42%) does not have dental insurance, according to figures released by the National Association of Dental Plans; the figures are worse for low-income Americans, **59%** are reported to have no dental insurance of any kind. **71%** of those 65 and older (in Illinois) do not have any form of dental insurance.

B. % Population with Health Problem: 13.1% on Medicaid - 33% no coverage (based on above national estimate)

- In McLean County, 13,072 children enrolled in All Kids/Medicaid (FY2010); 9,066 adults enrolled (FY10). 22138/169572 X 100% **= 13.1%.**
- Children ages 2- 5 who have not had a dental visit in the past 12 months are more likely to experience cavities in primary teeth.
- 5% of Illinois adults have lost all their teeth; 11% have lost six or more. Among those 65 and older, 30% have lost six or more teeth; 19% had lost all their teeth.
- The MCHD Dental Clinic as the only dental clinic in the county routinely accepting those with Medicaid coverage.
- Medicaid does not pay for preventive oral health care for adults in IL.

- Medicare does not pay for dental services; many older adults have no means to pay for dental care; 17,340 people over age 65 in McLean County/2010 data (10.3%).
- 2011 phone survey of all (approximately 60) McLean County dental practices (100 dentists): no practice routinely accepts those with All Kids/Medicaid coverage.

Sources: National Maternal & Child Oral Health Resource Center, 2003; IDPH Oral Health-A Link to General Health, 2004; IDPH Healthy Smile Healthy Growth 2008-2009; HFS website; CDC Oral Health Division; National Association of Dental Plans; Kaiser Commission on Medicaid and the Uninsured; BRFSS data 2003, 2004.

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7. Health Problem: Sexually Transmitted Diseases

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Health Problem: Chlamydia

A. **% Population at risk: 6.1% - 87.3%**

- # people aged 10-14: (10421/169,572 x 100 = **6.1 %**
- # people aged 15 - 19: (14903/169,572) x 100 = 8.8%
- # people aged 20- 44: (65318/169,572) x100 = 38.5%
- # people aged 45 or older: (57366/169,572) x 100 = 33.8%
- # people aged 15 - 44: (80221/169,572) x 100 = 47.3%
- # people aged 10 and over: (148008/169,572) x 100 = **87.3%**

- Chlamydia is the number one reportable disease in McLean County, Illinois and the U.S.
- In 2009, of the 624 cases that occurred in McLean County, 68.9% (430) were female and 37.9% (237) were between the ages of 5 and 19. Cases reported ages of 5-14 accounted for 0.8% (5) of cases.
- Chlamydia is the leading preventable cause of infertility in women. In females, about 70% of cases are asymptomatic.
- Untreated Chlamydia can lead to infertility, chronic pelvic pain, ectopic pregnancy, and pregnancy complications.

B. **% Population with this Health Problem: 0.23% - 0.44%**

- Cases of Chlamydia:

2000	398/150,800	=	0.26%	2005	512/150,800	=	0.34%
2001	340/150,800	=	0.23%	2006	493/150,800	=	0.33%
2002	434/150,800	=	0.29%	2007	398/150,800	=	0.41%
2003	482/150,800	=	0.32%	2008	665/150,800	=	0.44%
2004	482/150,800	=	0.32%	2009	626/169,872	=	0.37%

- Case Rates: **226/100,000 – 442.1/100,000**

2000	246/100,000	2005	327.7/100,000
2001	226/100,000	2006	340.4/100,000
2002	288.5/100,000	2007	409.5/100,000
2003	320.4/100,000	2008	442.1/100,000
2004	320.4/100,000	2009	416.1/100,000

Sources: McLean County Health Department Communicable Disease Section Reports; National Chlamydia Coalition, "*Why Screen for Chlamydia? An Implementation Guide for Health Care Providers*" developed with the assistance of CDC, ACOG and American Medical Association.

Health Problem: Gonorrhea

A. **% Population at risk: 6.1% - 87.3%**

- # people aged 10-14: (10421/169,572 x 100 = **6.1 %**
- # people aged 15 - 19: (14903/169,572) x 100 = 8.8%
- # people aged 20- 44: (65318/169,572) x100 = 38.5%
- # people aged 45 or older: (57366/169,572) x 100 = 33.8%
- # people aged 15 - 44: (80221/169,572) x 100 = 47.3%
- # people aged 10 and over: (148008/169,572) x 100 = **87.3%**

- Gonorrhea is the second most reported Reportable Disease in McLean County, Illinois and U.S.
- In 2009, of the 107 cases reported, 28% (30) occurred in ages 15-19 and 55% (59) occurred in males. 58.9% (63) occurred in African Americans.
- A recent study published in the New England Journal of Medicine warns about 1.7 percent of gonorrhea cases are resistant to cephalosporins, the last line of defense against the STD. That is a 17-fold increase in such resistance since 2006, when surveillance data showed the prevalence of resistance was 0.1 percent.

B. **% Population with this Health Problem: 0.08% - 0.14%**

- Cases of Gonorrhea:

2000	128/150,800	=	0.08%	2005	213/150,800	=	0.14%
2001	157/150,800	=	0.10%	2006	163/150,800	=	0.11%
2002	181/150,800	=	0.12%	2007	218/150,800	=	0.14%
2003	183/150,800	=	0.12%	2008	212/150,800	=	0.14%
2004	185/150,800	=	0.12%	2009	104/169,872	=	0.06%

- Case Rates: **85.1/100,000 – 218/100,000**

2000	85.1/100,000	2005	213/100,000
2001	104.4/100,000	2006	163/100,000
2002	120.3/100,000	2007	218/100,000
2003	121.6/100,000	2008	212/100,000
2004	123/100,000	2009	104/100,000

Sources: McLean County Health Department Communicable Disease Section Reports; Illinois Department of Public Health Disease Statistics website; New England Journal of Medicine (2012;366(6):485-487).

8. Health Problem: Toxics and Wastes

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Health Problem: Household Hazardous Waste

A. % Population at Risk: 100%
B. %Population with Health Problem: unknown

- According to national estimates, each home contains from three to eight gallons of hazardous materials in kitchens, bathrooms, garages, and basements. Examples include pesticides, herbicides, poisons, corrosives, solvents, fuels, paints, motor oil, antifreeze, and mercury and mercury-containing wastes.
- During the span of 2001-2010, McLean County hosted more Household Hazardous Waste (HHW) events than any of the other Central Illinois counties that data was available.
- The highest collection amount (in 55 gal drums) during this period was 505.21, in Peoria County, 2008. McLean County recorded second highest with 340.7.
- 2004 and 2007 events that occurred in McLean County hosted the largest amount of participating households for the counties sampled, at 2,217 & 2,020 households, respectively.
- Over the 10 year span sampled, McLean County accounted for approximately 8% of the waste collected in the State of Illinois, at least 1% greater than the sampled counties.
    - Central Illinois collections accounted for ~25% HHW collected in the state.
- No HHW events have occurred in the Central Illinois area since 2009.
    - None in McLean since 2007.
- If this trend continues, based on the State of Illinois 10 year average, >23,000 55gal barrels of these hazardous wastes will begin to find their way into the environment via improper disposal at the household level:
    - Burning
    - Drain disposal
    - Incorporated into landfill waste streams

Sources: EPA, Ecology Action Center.

McLean County Health Needs Assessment - Size of the Top 8 Health Problems Summary
February 2012

HEALTH PROBLEM	% of population at risk of Health Problem	% of population at with Health Problem	Supporting data
Cancer	23% - 44% for males; 19% - 38% for females	0.5% (based on new cases) Incidence rate - 502.7 per 100,000 22% - 25% of deaths	Prevalence in the US was 3.9% of the population living with cancer.
Breast	51.4% (all females) 14.0% (women age 65 and over at most risk)	0.068% (total population-based on new cases) 0. 126% (female population- new cases) Incidence rates - 68.3 per 100,000all;126.7 per 100,000 for women. 1.15% - 2.45% of deaths	1 in every 8 women will be diagnosed with breast cancer in their lifetime
Colorectal	12% - 15% (Most at risk: males and females age 50 and over)	0.053% (based on new cases); Incidence rate - 53.4 per 100,000 1.71% - 3.22% of deaths	Third most common cancer in both men and women.
Lung Radon	16.1% (adults); 29% (youth) Based on smoking % 59% of single family homes had radon level 4 pCi/L and above. = 40% of population at risk	0.069%(based on new cases); Incidence rate - 68.6 per 100,000 5.56% - 7.22% of deaths 13% of lung cancers deaths attributed to high radon exposure (national estimate)	Leading cause of cancer deaths. Majority cases can be attributed to cigarette smoking; 1 in 6 homes nationally is built with radon reducing features. The EPA estimates that nearly 1 out of every 15 homes in the US may have elevated radon levels. – 6.7%
Chronic Liver Disease & Cirrhosis	9% adults (national estimate)	5% - 10% (national estimate) 0.8%-1.8% of deaths	Heavy alcohol consumption and chronic hepatitis C most common causes
Infectious Disease – Hepatitis C	0.06% 1 in 1,813 (national estimate)	0.74% or 1 in 136 (national estimate)	
Behavioral Risk Factor: Alcohol	6.1% - 25.3% (adults)	8.7% chronic alcohol use (adults)	

HEALTH PROBLEM	% of population at risk of Health Problem	% of population at with Health Problem	Supporting data
Infant Mortality	4.57%-5.09% of total children birth through 18 years.	0.3% - 1.17% of infants <1 year Infant Mortality Rate for years 2000-2008 7.8 deaths per 1000 live births	-Number of women who reported smoking tobacco during pregnancy was 10.8% (2006) -IMR for African Americans is 15.1/1,000 live births in comparison to the white rate of 6.9/1,000 -14.4%; experience preterm birth (above state rate of 13%). -Congenital anomalies are the 3rd leading cause of death in IL for children ages 1-4
Prenatal Care Access		9.9% inadequate, late or no prenatal care	
Very Low Birth Weight		0.8% - 1.9% of births	
Congenital Anomalies		0.071% - 0.10% (% per year; cases of congenital anomalies) 0% - 63% (% of infant deaths each year due to cong. anomalies)	
Mental Health	20% mental health episode sometime in their life (national estimate)	5% severe and persistent mental illness. (national estimate)	2007 IL: adol. with major depressive episode = 8.3%; adults = 7.3%. 2007 IL: adults with serious psychological disorders = 11%. Between 2800 (2005) to 3600 (2009) unduplicated clients are provided MH services every year by the MC Center for HS. 2011 = 2,931.
Access to Care	23% publicly insured and or do not have health insurance.	4.7% of population	
Suicide	0.74% of total population (based on 1258 calls to hotlines or PATH for suicide)	0.0076% - 0.0106% 10.6 per 100,000 in 2008	
Obesity	39.5% (adults) 11.1% (youth)	22% (adults) 5.1% (youth)	Obesity contributes significantly to chronic disease. 300,000deaths in US each year The epidemics of obesity and the low level of physical activity among young people, as well as exposure to diabetes *in utero*, may be major contributors to the increase in type 2 diabetes during childhood and adolescence.
Diabetes	18.6% (national estimate)	6.8% (adults) 0.26 percent (national estimate for under 20 years of age)	
Behavioral Risk Factors		sedentary lifestyle 60.3% adults, 59% youth low fruit/veggie intake 86.3% adults, 85-90% youth	

HEALTH PROBLEM	% of population at risk of Health Problem	% of population at with Health Problem	Supporting data
Oral Health	75% (national estimate)	56% adults, 50%-66% youth (national estimate)	MCHD Dental Clinic as the only primary dental home for Medicaid clients. – pain control only for adults; coverage for children includes more dental treatment and preventive care.
Access to Care	46% no dental coverage (national estimate)	13.1% (on Medicaid) – 33% (no coverage)	
Sexually Transmitted Diseases			Chlamydia and Gonorrhea are the #1 and #2 reportable diseases, respectively. Chlamydia is the leading <u>preventable</u> cause of infertility in women. McLean County ranked 15th out of 102 IL counties with the highest cases of Chlamydia (2006)
Chlamydia	6.1% - 87.3%	0.23% - 0.44% Case Rates: 226/100,000 – 442.1/100,000	
Gonorrhea		0.08% - 0.14% Case Rates: 85.1/100,000 – 218/100,000	
Toxics and Wastes			According to national estimates, each home contains from three to eight gallons of hazardous materials in kitchens, bathrooms, garages, and basements. Examples include pesticides, herbicides, poisons, corrosives, solvents, fuels, paints, motor oil, antifreeze, and mercury and mercury-containing wastes.

Hanlon Method
Health Problem Priority Setting Worksheet

McLean County
Community Health Advisory Committee (CHAC)
2/21/2012

Health Problem	**A Size**	**B Seriousness**	**C Effectiveness Of Intervention**	**D Priority Score (A + 2B) C**	**E Rank**
Cancer	9	10	6	174	3
Chronic Liver disease & cirrhosis	6	7	4	80	8
Infant Mortality	5	7	7	133	5
Mental Health	7	10	7	189	2
Obesity	8	10	5	140	4
Oral Health	10	10	7	210	1
Sexually Transmitted Diseases	5	6	7	119	6
Toxics and wastes	5	5	7	105	7

The
McLean County

Community Health Plan
(July 2012 – July 2017)

Prepared by

The McLean County Health Department

And

The Community Health Advisory Committee

From

May 2011 to May 2012

Community Health Plan

(2012-2017)
Approved by the McLean County Board of Health on May 9, 2012

Statement of Purpose

The purpose of the county-wide community health plan (CHP) is to improve the health of McLean County residents by developing partnerships to implement CHP strategies, encourage health awareness, and promote healthy lifestyle choices that can reduce the risk of death and disability and improve health.

In Illinois, all local health departments must have a five-year community health plan in place, 1) to provide direction for the jurisdiction as it addresses local health concerns, and 2) to meet certification requirements in Illinois, as indicated in Section 600.400 Public Health Practice Standards, Subpart D: Practice Standards of Title 77 of the Illinois Administrative Code, Chapter 1 (Department of Public Health), SubChapter H (Local Health Departments).

For over 19 years, the McLean County Health Department's Community Health Advisory Committee (CHAC) has worked to build partnerships among public and private health care providers, community agencies, health-related organizations, schools, businesses, the faith community and local media. It meets to study and understand the health status of the county, identify priority health problems, set goals and objectives, and develop and implement strategies to address the health problems with the assistance of these community partners.

Community Participation

The Community Health Advisory Committee (CHAC) is comprised of 24 community members representing 17 organizations. In addition to attending many meetings to develop the CHP, CHAC members and McLean County Health Department staff discussed plan ideas, objectives, and interventions with their own organizations and at other meetings to obtain input as well as investment in the needs assessment and plan development process. Additional entities and individuals outside of the CHAC involved included: Chestnut Health Systems; OSF Center for Healthy Lifestyle staff meeting; AOK network meeting; Mental Health America meeting; Illinois Association of Free and Charitable Clinics meeting; McLean County Dental Society meeting; Advocate BroMenn Community Health Council meeting; Illinois Wesleyan University Health curriculum classes, the School of Nursing, and Department of Environmental Studies; United Way Health Vision Council; Judges from the Recovery Court; March of Dimes Program Services Committee; PATH; and, Illinois State University Health Sciences Department, School of Nursing, and Social Work Department. Community participation was essential in the development of the community health plan. The CHAC was involved in every step of the CHP development process including identifying community needs, developing objectives and assigning interventions. Once the CHP was approved, the CHAC helped build the capacity to implement the CHP and take action to address these priority health issues and enhance community health and well-being.

Community Health Plan Development Process

The community health plan identifies the county's top three health problem priorities, the risk factors that contribute to them, and the effective intervention strategies that will be used to reduce their negative impact on the health status of the community. As the previous community health plan (CHP), Round 3 for 2007-2012, neared its completion, preparations for McLean County's Round 4 CHP (2012-2017) began in the spring of 2011. In McLean County, the eight-step APEX-PH process has been the method used to develop the previous three CHPs, and it was chosen again to be used for the fourth CHP, due July 16th, 2012. This method is used by many health departments in Illinois. An overview of the APEX-PH process, applied to the development of the new McLean County CHP, is provided in the "Overview of the Community Health Plan Process" document available through the McLean County Health Department.

A community health needs assessment was conducted from May 2011 through February 2012, where county-specific health indicators from the past 10 years of available data, if possible, were compared to state rates and the Healthy People 2020 targets. IDPH Behavioral Risk Factor Survey (BRFS) data, obtained from telephone surveys conducted in 1997, 2002, 2004, 2006, and 2008 by Northern Illinois University with approximately 400 McLean County adults contacted per survey through random selection and at a statistically significant level, was reviewed to assist with understanding the past and current magnitude of the health problems and to identify possible trends for the future.

After conducting a needs assessment and analyzing the available data, 21 health problems in McLean County were identified. After further discussion with the CHAC members in January 2012, some of the health problems were combined into categories and others were set aside. The final list of eight health problems included: cancer, chronic liver disease and cirrhosis, infant mortality, mental health, obesity, oral health, sexually transmitted disease, and toxics/hazardous wastes. This list of eight health problems was then used in February 2012 when the CHAC applied the Hanlon Method to determine the county's top three priority health problems. This method, modified by APEX-PH from the process developed by J. J. Hanlon, has been used during the development of each McLean County CHP to prioritize the list of county health problems. It establishes priorities based on the size and seriousness of the problem as well as the effectiveness of the available interventions. Prioritization of the multiple health problems identified is necessary so that community resources can be directed appropriately.

Additional information for each of the eight health problems was provided in the document, "The Size of McLean County Health Problems: February 2012" (found in the McLean County Prioritization of Community Health Problems Section) which were essential aids in the analysis of two of the three Hanlon Method factors:

1) <u>the size of the problem:</u> with consideration given to the number of community residents **with** the problem, but with emphasis on the proportion of the population **at risk** for the disease or condition; and,

2) <u>the seriousness of the problem:</u> or the degree to which the problem causes death, hospitalization, disability, and economic loss; and, the degree to which this is an emergent problem or one where there is an urgency for intervention.

A third Hanlon Method factor was also utilized:

3) the effectiveness of the intervention to address the health problem: or, the degree to which an intervention is available to prevent the health problem.

The "PEARL Test" was then applied to the interventions for each health problem, evaluating the factors of **P**ropriety, **E**conomics, **A**cceptability, **R**esources, and **L**egality. All eight health problems passed the PEARL Test, and all interventions conceived by the CHAC were judged to be proper, economical, acceptable, legal and, to some degree, feasible if given adequate resources.

Among the eight health problems, Hanlon priority scores ranged from a low of 80 to a high of 210. Four health concerns rose to the top – cancer, mental health, oral health, and obesity. After some discussions with the CHAC, consensus was reached to include three of the four health problems in the new CHP: obesity, mental health, and oral health. The 4th, Cancer, was not included in the final 3 health problems because cancer interventions have been a part of every CHP since 1994. The CHAC discussed current cancer resources and decided that in the past 18 years, additional resources have been developed in the community for cancer treatment and prevention, thus allowing the 2012-2017 CHP to focus on the other three identified priority health concerns. Priority scores for the chosen three health concerns were:

Obesity
(Priority Score = 140)

Mental Health
(Priority Score = 189)

Oral Health
(Priority Score = 210)

Effective interventions for all three of these health problems have been in use across the nation for many years, which contributed to the decision to choose these three health problems as McLean County's top three health priorities for Round 4 of the McLean County Community Health Plan for 2012-2017.

In the fall of 2012, the CHAC will form an implementation task force which will then move forward with community partners to address the interventions identified in the McLean County Community Health Plan.

The Three Priority Health Problems

In March and April of 2012, the CHAC discussed various approaches to mitigate the impact of the three priority health problems and the risk factors that contribute to them. The effectiveness of various intervention strategies was discussed and an assessment was made of the available and needed resources, including stakeholders and funding sources in the community. At CHAC subgroup meetings, additional questions were asked regarding the appropriateness of the

intervention strategies (Do they adequately address the impact objectives? Does each strategy address a measurable direct or indirect contributing factor?), prior to making final decisions about which interventions to choose.

The CHAC approved the CHP at the April 19, 2012, meeting and recommended its submission to the McLean County Board of Health. Final approval and adoption of the entire Community Health Needs Assessment and Community Health Plan document occurred at the McLean County Board of Health meeting on May 9, 2012.

Many of the CHP outcome and impact objectives have been taken from the national Healthy People 2020 document and will be used to assist in the evaluation of CHP progress over the next five years. Evaluation to assess the effectiveness and implementation of the intervention strategies, as well as progress towards meeting or exceeding the Healthy People 2020 targets, will occur on an annual basis. The CHAC is responsible for monitoring and evaluating the CHP.

The following pages provide additional information about the CHP by taking each of the three health priorities and providing:

1. a description of the problem;
2. the rationale for choosing the health problem as a health priority;
3. a review of the direct and indirect risk factors impacting the problem;
4. outcome and impact objectives;
5. interventions;
6. resources to implement the interventions;
7. barriers to achieving health improvements;
8. funding options; and,
9. a brief description of the evaluation and monitoring plan.

The purpose of the CHP is to improve the health of McLean County residents by developing partnerships to implement CHP strategies, encourage health awareness, and promote healthy lifestyle choices. This 2012-2017 plan continues the county's efforts to reduce the risk of death and disability and to improve the health of McLean County residents.

Health Problem

Obesity

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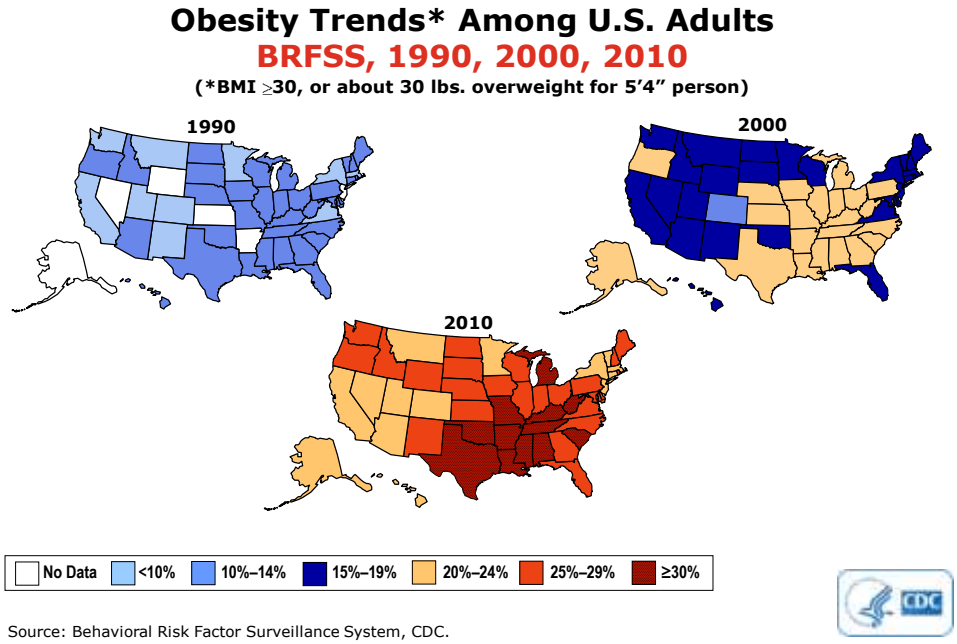
Description of the problem

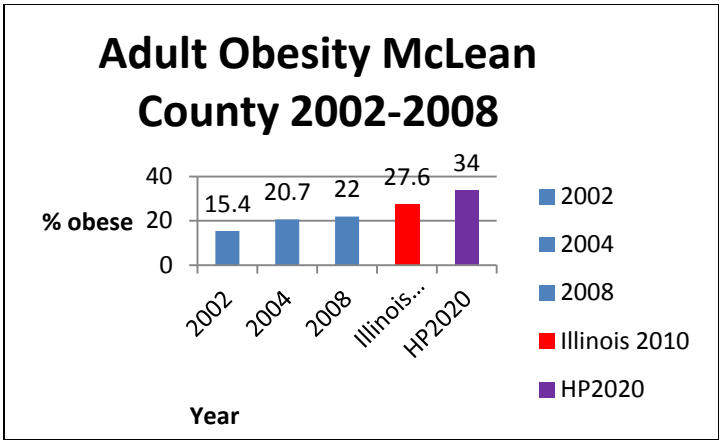
Obesity is one of the most challenging health crises the country has ever faced. As seen in Figure 1, over the past 20 years physical inactivity and unhealthy eating have contributed to an epidemic of obesity and chronic disease across the United States. Two-thirds of U.S. adults and nearly one-third of children and teens are currently obese or overweight, putting them at increased risk for more than 20 major diseases: including type 2 diabetes, heart disease, asthma, sleep disorders, and orthopedic problems. It is not just our health that is suffering; obesity-related medical costs and a less productive workforce are hampering America's ability to compete in the global economy (Centers for Disease Control and Prevention, Robert Wood Johnson Foundation).

Figure 1.



As seen in Figure 2 on the next page, this crisis has not escaped McLean County where obesity among adults increased from 15.4% in 2002 to 22% in 2008 (McLean County Behavior Risk Factor Survey 2002, 2004, and 2008). Among children in McLean County, 11.1% of sixth-12th grade students are overweight and 5.1% of sixth-12th grade students are obese (Illinois Youth Survey 2010).

Figure 2.



Health disparities as they relate to obesity do exist, but it is a complex issue. According to a 2011 report by the CDC, racial/ethnic differences have not changed substantially since 1988. Among the majority of sex-age groups, the prevalence of obesity is lower among whites than among blacks and Mexican-Americans. Among females, the prevalence of obesity is highest among blacks, whereas the prevalence among males aged ≤20 years is highest among Mexican-Americans. Differences are limited regarding obesity prevalence across racial/ethnic groups among men aged ≥40 years. An inverse association exists between family income and obesity prevalence among white females (all ages) and white males (aged 2–19 years), but the association is weak among other groups (black men aged ≥20 years). Racial/ethnic differences in obesity prevalence persist after controlling for differences in family income.

The epidemics of obesity and the low level of physical activity among young people, as well as exposure to diabetes *in utero*, may be major contributors to the increase in type 2 diabetes during childhood and adolescence. Type II diabetes has followed the same increasing trend as obesity in the last 20 years. In McLean County, 6.8% reported being told they are diabetic in 2008 compared to 3.6% in 2004.

Childhood obesity continues to be a serious problem in the United States. Between 1971 and 1974, just 5 percent of all children were considered obese. The percentage of obese children doubled by 1994 and tripled by 2002 according to *Future of Children* authors, Patricia Anderson and Kristin Butcher's calculations from the National Health and Nutrition Examination Surveys.

"Logically enough, increasing childhood obesity is related to increasing adult obesity. Obese children are much more likely than normal weight children to become obese adults. Obesity even in very young children is correlated with higher rates of obesity in adulthood. A study from the late 1990s shows that 52 percent of children who are obese between the ages of 3 and 6 are obese at age 25 as against only 12 percent of normal and underweight 3- to 6-year-old children," (Future of Children: Childhood Obesity 2006).

Rationale for choice as a health priority

During the prioritization of McLean County health problems by the CHAC in February 2012, obesity had the fourth highest score utilizing the Hanlon Method; however, after discussion among the CHAC members, it was chosen as one of the top three priority concerns due to the obesity's contribution to so many other health problems such as cancer, heart disease, stroke, and type 2 diabetes. Of special concern was the growing trend of overweight or obesity, especially among children. By selecting it as a priority and developing a plan to address obesity, many other chronic diseases may be positively impacted and the county's children positioned for a healthier future. Data shows that today's younger generation will have shorter and less healthy lives than their parents for the first time in modern history unless interventions occur**.** It will require leaders from all sectors of the community to champion program, policy and environmental changes that ultimately build communities conducive to healthy living. These strategies create long-term systemic change and support healthy behaviors for all citizens. It takes commitment, innovation and action.

Direct and indirect risk factors

Overall there are a variety of factors that play a role in obesity. This makes it a complex health issue to address. In simple terms, the Centers for Disease Control and Prevention (CDC) provides this guidance in understanding overweight and obesity:

The Caloric Balance Equation

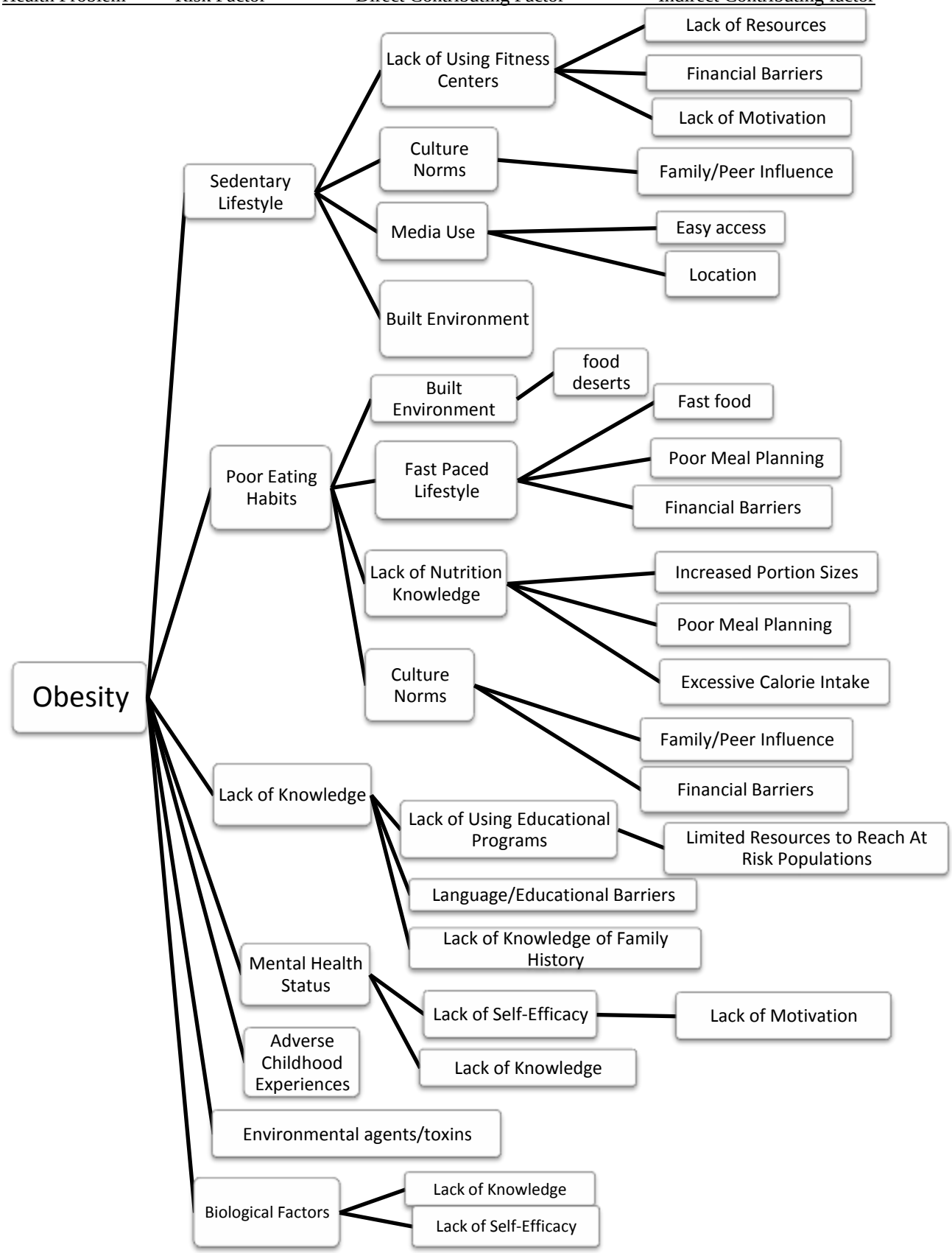
- Overweight and obesity result from an energy imbalance. This involves eating too many calories and not getting enough physical activity.
- Body weight is the result of genes, metabolism, behavior, environment, culture, and socioeconomic status.
- Behavior and environment play a large role causing people to be overweight and obese. These are the greatest areas for prevention and treatment actions.

Some of the risk factors that contribute to overweight and obesity include:

- Sedentary lifestyle
    - television and computer/video game usage
    - scaled back physical education classes and recess
    - increasing dependence on motor vehicles for transportation (less biking & walking)
    - built environments that discourage or are unsafe for walking, biking, etc
    - lack of available outdoor play space in urban areas
    - cultural norms
- Poor nutrition
    - increasing use and availability of fast-food restaurants
    - marketing of sugary and fat-laden foods to children
    - schools that offer junk food and soda to children
    - exodus of grocery stores from urban shopping centers, making affordable fresh fruits and vegetables scarce, and contributing to food deserts
    - lack of nutrition knowledge
    - cultural norms

    - financial constraints to buy healthy foods
- Mental health
    - lack of self-efficacy
    - lack of knowledge
    - stress
    - lack of motivation
    - lack of support systems
- Parenting norms & practices
    - working parents who are unable to find the time or energy to cook a nutritious meal or supervise outdoor playtime
    - cultural norms
- Adverse childhood experiences
- Genetics/biology
- Environmental agents/toxins

These factors are further illustrated in the figure on the next page.


Health Problem
Risk Factor
Direct Contributing Factor
Indirect Contributing factor
Obesity
Sedentary Lifestyle
Lack of Using Fitness Centers
Lack of Resources
Financial Barriers
Lack of Motivation
Culture Norms
Family/Peer Influence
Media Use
Easy access
Location
Built Environment
Poor Eating Habits
Built Environment
food deserts
Fast Paced Lifestyle
Fast food
Poor Meal Planning
Financial Barriers
Lack of Nutrition Knowledge
Increased Portion Sizes
Poor Meal Planning
Excessive Calorie Intake
Culture Norms
Family/Peer Influence
Financial Barriers
Lack of Knowledge
Lack of Using Educational Programs
Limited Resources to Reach At Risk Populations
Language/Educational Barriers
Lack of Knowledge of Family History
Mental Health Status
Lack of Self-Efficacy
Lack of Motivation
Lack of Knowledge
Adverse Childhood Experiences
Environmental agents/toxins
Biological Factors
Lack of Knowledge
Lack of Self-Efficacy

Outcome and impact objectives

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The Community Health Advisory Committee (CHAC) developed the following objectives to address obesity in McLean County.

Outcome objectives

1. By 2017, increase the proportion of children and adults in McLean County who are at a healthy weight. (baseline - adults 38.5%; children 83.8%)
   HP2020
   NWS–8: Increase the proportion of adults who are at a healthy weight. Target: 33.9 percent.

2. By 2017, halt the trend of steadily rising obesity prevalence in McLean County. (baseline prevalence- increased 6.6% in six years, from 15.4% in 2002 to 22% in 2008)
   HP2020
   NWS–9: Reduce the proportion of adults who are obese. Target: 30.6 percent.
   NWS–10 Reduce the proportion of children and adolescents who are considered obese.
   a. NWS–10.1 Children aged 2 to 5 years. Target: 9.6 percent.
   b. NWS–10.2 Children aged 6 to 11 years. Target: 15.7 percent.
   c. NWS–10.3 Adolescents aged 12 to 19 years. Target: 16.1 percent.
   d. NWS–10.4 Children and adolescents aged 2 to 19 years. Target: 14.6 percent.

3. By 2017, reduce the annual number of new cases of diagnosed type 2 diabetes in McLean County. (baseline - prevalence 6.8% adults have diabetes)
   HP2020
   D–1: Reduce the annual number of new cases of diagnosed diabetes in the population. Target: 7.2 new cases per 1,000 population aged 18 to 84 years.

Impact objectives

1. By 2015, increase the rate of adults and children in McLean County who engage in regular physical activity. (baseline - sedentary lifestyle: 60.3% adults, 59% children)
   HP2020
   PA–1: Reduce the proportion of adults who engage in no leisure-time physical activity. Target: 32.6 percent.
   PA–2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
   PA–3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
   PA–3.1 Aerobic physical activity. Target: 20.2 percent.
2. By 2015, increase the consumption of fruits and vegetables by all populations in McLean County. (baseline - low fruit/veggie intake 86.3% adults, 85-90% youth).

HP2020
NWS–14: Increase the contribution of fruits to the diets of the population aged 2 years and older. Target: 0.9 cup equivalents per 1,000 calories.
NWS–15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.
NWS–15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older. Target: 1.1 cup equivalents per 1,000 calories.

3. By 2015, decrease the consumption of sugar sweetened beverages by all populations in McLean County. (no baseline available)
   HP2020
   NWS–2.1 Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students. Target: 21.3 percent.
   NWS–17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older.

4. By 2015, increase the consumption and access of safe public tap water sources for all populations in McLean County. (no baseline available)

Interventions/Strategies

In order to meet the objectives, the CHAC developed the following interventions and strategies:

1. Develop and strengthen data surveillance for overweight, obesity, physical activity, and nutrition.
   a. Work with local partners such as hospitals, universities, other social service agencies, and United Way to coordinate and develop local surveillance of health status of McLean County.
2. Support and promote current activities and initiatives that are working to meet common objectives; such as YMCA activities; local parks & recreation; My PE; and, school wellness committees.
3. Promote campaign for use of tap water, such as *Take back the Tap* and promote actions that make safe tap water readily available and accessible in public places.
4. Promote and support policies that limit consumption or portion sizes of sugar sweetened beverages. (statewide sugar sweetened beverage tax for prevention funding; limiting availability in vending machines in workplaces, schools)
5. Support policies that make affordable, healthy food (specifically fruits and vegetables) available in communities, especially in areas with food deserts.
6. Promote food systems to make local/fresh produce and protein foods available through farmer's market, coops, and food retailing.
7. Work with local city and town officials to create incentive programs to encourage the establishment of retail grocery stores in underserved areas so as to reduce or eliminate food deserts.
8. Promote the adoption of menu labeling and healthy food options at local restaurants.
9. Work to establish policies and environmental changes that support and promote physical activity.
   a. Develop a safe, attractive, and comfortable environment for active transportation that connects communities, parks, and other destinations.

    b. Promote programs that support walking and bicycling for transportation and recreation.
    c. Identify city officials to address changes needed to increase access and safety of inter community transportation.
10. Work with schools to enhance comprehensive health education efforts within the classroom, particularly related to physical fitness and nutrition, which are critical as part of the total learning environment.
11. Work with schools to promote a healthy school environment before, during, and after school.
    a. Safe routes to school; walking to school bus.
    b. Promote activity outside of physical education and extracurricular sporting events.
    c. Promote social-emotional wellness before, during, and after school.
12. Support the development of comprehensive workplace wellness programs and policies that support physical activity.
    a. Promote walk or bike to work days partnering with existing programs including the Good to Go Commuter Challenge.
13. Support the development of policies that make healthy food available at the workplace.
14. Work with healthcare organizations to institute policies that support prevention and healthy lifestyles for their patients
    a. Provider discussion with all patients during admission/prior to discharge regarding: healthy weight, behavior modification, physical activity, nutrition, and chronic disease management via verbal instruction and written education materials.
    b. Comprehensive screening of BMI during routine vision and hearing exams for children and youth, if feasible; identify at risk individuals and refer to physician per established prevention protocols.
    c. Promote provider education and referral on physical activity and nutrition for patients.
    d. Work with local healthcare providers and organizations to develop a policy to have BMI as a vital sign.
15. Seek out and secure funding to support objectives and interventions.

Resources

Implementation of the strategies and interventions will require a broad spectrum of stakeholders from all sectors of the community to champion these program, policy and environmental changes that ultimately will build a healthier community. An implementation taskforce will be established to address current resources in the community, how to align those resources, and also explore funding opportunities. In McLean County, there are many resources and interested stakeholders ready to take action.

Those include:

- Local McLean County Wellness Coalition, started during the CHP of 2007-2012, has developed a community action plan focused on reducing obesity and chronic disease and improving the overall health of the community through the promotion and adoption of nutrition and physical activity systems, policy and environmental change. Many of the interventions proposed in this new CHP align with the Wellness Coalition's community action plan. There are over 23 agencies/organizations represented on the Wellness Coalition.

- www.bnhealthy.org
- MCHD – Women, Infants, and Children program focused on nutrition, breastfeeding and use of farmer's markets.
- Illinois Alliance to Prevent Obesity has developed a statewide plan to address obesity. http://www.preventobesityil.org/index.html
- Hospital community wellness initiatives include weight and diabetes management.
- There have been some improvements in the built environment to encourage increase in activity levels (walking/bike trails; fitness centers; indoor walking and sports options; green space).
- Many more workplaces are recognizing the importance of worksite wellness programs. There is in place an Employee Wellness Best Practices group that meets quarterly.
- School health and wellness initiatives include student and faculty/staff wellness.
  - New national nutrition standards; improvements in PE, MyPE programs at ISU; fitness testing.
- YMCA has a new family-focused fitness center.
- Four Seasons Association: a family oriented not-for-profit health club in the community serving thousands plays an active role in acknowledging various health issues and providing opportunities to combat these concerns. Resources/programs include - healthy eating every day, active living every day, dietician programs and services, and corporate outreach program.
- Strong parks and recreation programs in Bloomington and Normal; Constitution Trail
- Many farmers markets – downtown Bloomington, Uptown Normal, other sites.

Barriers

Multiple barriers exist that may hinder efforts to reduce obesity. Some of those key barriers include:

- Fast-paced lifestyle
- Lack of knowledge– nutrition, weight management, who is considered obese
- Lack of motivation
- Built environment– neighborhood safety concerns, no sidewalks, no bike lanes
- Increased focus on travel by car versus walking or biking (built environment)
- Access to healthy options in regards to healthy food, parks, and play areas
- Financial barriers– healthier food may cost more
- Abundance of unhealthy food options such as fast food and in vending machines
- Many sedentary focused activities, such as TV, video games, and computer
- Lack of time to be physically active
- Cultural norms or beliefs
- Primary provider's understanding and willingness to address weight issues; screening for BMI
- Lack of support system; single parenting
- Lack of consistent local data

Funding

After approval of the community health plan, the implementation task force(s) will further address funding options. Federal, state, and local resources will be pursued. There may be the possibility to align funding or resources with organizations since many of the intervention strategies fall within the mission of stakeholder agencies. It is anticipated that some grant funding may be made available during the five-year community health plan period in the area of obesity reduction. Should funding become available, the Community Health Advisory Committee will discuss opportunities and encourage stakeholders to pursue funding.

Evaluation and Monitoring

An implementation task force will be formed and evaluation approaches and activities will be developed at that time. With multiple stakeholders and programs under development or already in place, an on-going challenge will be the ability to acquire and pool evaluation results from various sources:

1. To establish county-level baselines (such as the number of screenings currently offered; the percent of the adult population receiving screenings) if none currently exist; and,
2. To reach agreement on which intervention functions should be measured as well as how and when measurement will occur.

Agreement on a logic model-type evaluation measurement process may provide:

1. A clearer understanding between stakeholders regarding which entities are responsible for capturing data for the CHP evaluation process;
2. Improved consistency in the type of data collected and methods used for evaluation data collection; and,
3. A framework for cooperative sharing of evaluation results.

At a minimum, monitoring and evaluation will occur on an annual basis and will be discussed with CHAC and implementation task force members. Methods will entail written analysis of progress made toward implementing strategies and meeting goals articulated in the CHP. In addition, goal congruent community initiatives will be captured as part of the evaluation process. Throughout the five-year period, the CHAC will receive verbal updates of task force activities and progress at each CHAC meeting and McLean County Health Department IPLAN staff will provide a mid-term progress report to the public.

The process of evaluation measurement will assist the CHAC with assessing whether CHP interventions are creating a positive impact in the community and if improvements or modifications are needed. Through evaluation, accountability is increased and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

Sources:

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4. CDC-Recommended Community Strategies and Measurements to Prevent Obesity in the U.S. – July 2009. www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm.
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15. U.S. Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001.

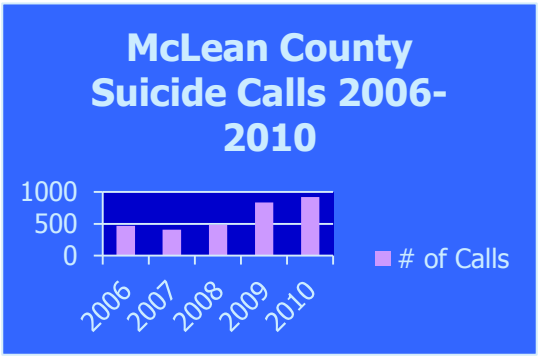
Access to Mental Health

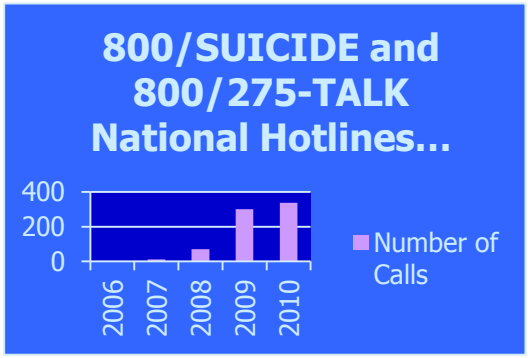
Description of the problem

Many understand the importance of overall health and well-being to the strength of a community and its people; however, the importance of mental health is consistently undervalued, and mental illness is often stigmatized. Society as well as healthcare professionals are beginning to realize that mental health is absolutely essential to achieving prosperity. Mental illness can affect anyone regardless of age, gender, race, or income. Each year, roughly one in four Americans will be affected by some form of mental illness, and it is a leading cause of disability. When treated, rates of recovery are high; however, fewer than half of those with diagnosable mental illnesses will seek treatment. Furthermore, many uninsured or underinsured have few, if any, options for treatment. Mental disorders also are tragic contributors to mortality, with suicide perennially representing one of the leading preventable causes of death in the United States and worldwide. In McLean County, the suicide rate is 10.6 per 100,000; above the Healthy People 2020 goal of 10.2 per 100,000.

According to a 2012 article by Frances M. Harding, director of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention, "a significant amount of research provides evidence that many of these disorders can be prevented. Implementing evidence-based interventions effectively assists in delaying or even preventing the onset of mental, emotional and behavioral disorders as well as avoiding the associated economic costs in the school, health care and judicial systems. Intervening in a child's life with appropriate evidence-based services increases the likelihood of academic success, and can reduce the risk of delinquency and substance abuse. Early intervention also can increase the child's capacity to develop social skills, resolve conflicts, and reduce the risk of depression and anxiety."

In McLean County, an estimated 20% of the population is at risk for having a mental health episode in their lifetime. According to the McLean County behavior risk factor survey of 2004, 22.4% of the population surveyed had more than two days in the past month that they were depressed, sad, and/or blue. Suicide calls to the local social service support line, PATH, from 2006 to 2010 ranged from 410 in 2007 to 920 in 2010. It shows an increasing trend for people reaching out for support with mental health issues as seen in the two figures below.





Another factor in the mental health picture of McLean County is the demand for health services by the number of uninsured and publicly insured individuals. It is estimated that 13.6% of the population in McLean County are publicly insured and 10.1% do not have health insurance, a total 23.7% of the population. Of those 23.7%, 20% may have a serious mental health issue which equates to 4.7% of the total population with limited means for mental health treatment. In addition, we see continuing erosion of state supported mental health services in McLean County, especially for those uninsured and underinsured. There has been the elimination of State-run acute care psychiatric beds for residents of McLean County that need this level of service. Also alarming is the growing percentage of individuals with serious mental health issues with treatment and medication barriers ending up in jails due to risky behaviors or crime that might not have been committed had the individual been able to maintain stable employment and treatment.

Another factor that contributes to or can worsen mental illness is substance use and abuse. There is a lack of information in McLean County on the numbers of people with co-occurring disorders, but research has shown the disorders are very common. According to reports published in the Journal of the American Medical Association (JAMA):

- Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse.
- Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness.
- Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.
- Individuals with severe mental disorders were at significant risk for developing a substance use disorder during their lifetime.

To complicate matters further, there has been reduced support for substance abuse services in McLean County, which includes the elimination of the detoxification program at Chestnut Health Systems.

Rationale for choice as a health priority

Mental health is a very important piece of overall health and wellness. There has been a lack of prioritization of this key part of health which has undermined the ability to adequately address the problem. This can be seen, in part, by the continued erosion of services to treat individuals with mental illness, especially for who are uninsured or underinsured. Each person has equal right to mental health care; however, there is a vast difference in access to services in McLean County. The reality is that many persons with mental health conditions have limited access to essential health and social care and are more likely to experience disability and premature death. Mental health problems and access to care are growing concerns in McLean County, just as they are nationwide. Advocate BroMenn Medical Center's community assessment group, the Community Health Council, has designated mental health as one of their three health priorities for their three-year plan and will be setting measurable target goals to accomplish in the next year. With access concerns growing and more support for interventions now available in the community, this is a critical time to intervene to improve mental health in McLean County, and thus it was chosen as a health priority. In addition, by making the promotion of mental health and the prevention of mental, emotional and behavioral disorders a priority, emotional health can be built and the well-being of the community's children, youth and adults enhanced.

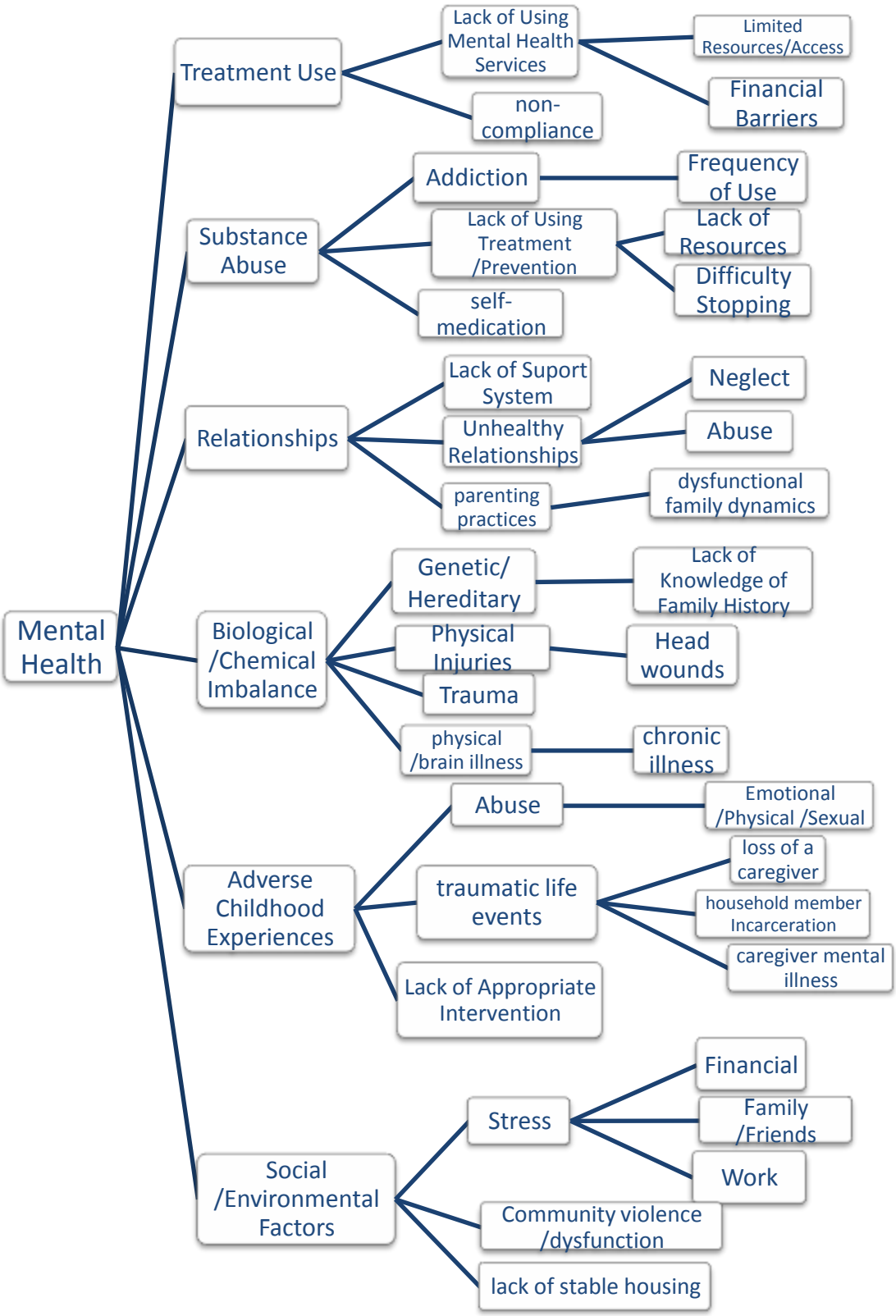
Direct and indirect risk factors

Overall, there are a variety of factors that play a role in mental health. Mental illnesses are not a character weakness. They are the result of biological, psychological, trauma, and social factors. People with mental illness do not need to "just pull themselves together." If they could do so easily, a formal diagnosis of a mental illness would be less likely. Because mental illness will not go away through sheer willpower or by ignoring the problem, professional treatment is often needed to address the condition.

Some of the risk factors and contributing factors that contribute to mental health include:

- Treatment use
    - Non-compliance
    - Access to treatment
    - Limited resources
    - Financial constraints
- Substance abuse
    - Addiction
    - Lack of treatment or prevention
    - Self medication
- Relationships
    - Unhealthy relationships
    - Neglect & abuse
    - Parenting practices
- Biological/chemical imbalance
    - Trauma or injury
    - Brain illness
    - Physical illness /chronic conditions
- Social/environmental factors
    - Stress
    - Lack of support systems
    - Lack of knowledge
    - Community violence /dysfunction
    - Lack of stable housing
- Adverse childhood experiences
    - Lack of knowledge
    - Lack of intervention
    - Lack of resources
    - Domestic violence
    - Dysfunctional family systems

These factors are further illustrated in the figure on the next page.


Mental Health
Treatment Use
Lack of Using Mental Health Services
Limited Resources/Access
Financial Barriers
non-compliance
Substance Abuse
Addiction
Frequency of Use
Lack of Using Treatment /Prevention
Lack of Resources
Difficulty Stopping
self-medication
Relationships
Lack of Suport System
Neglect
Unhealthy Relationships
Abuse
parenting practices
dysfunctional family dynamics
Biological /Chemical Imbalance
Genetic/ Hereditary
Lack of Knowledge of Family History
Physical Injuries
Head wounds
Trauma
physical /brain illness
chronic illness
Adverse Childhood Experiences
Abuse
Emotional /Physical /Sexual
traumatic life events
loss of a caregiver
household member Incarceration
caregiver mental illness
Lack of Appropriate Intervention
Social /Environmental Factors
Stress
Financial
Family /Friends
Work
Community violence /dysfunction
lack of stable housing

Outcome and impact objectives

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The Community Health Advisory Committee (CHAC) developed an overall goal to address mental health: Identify and expand mental health services through collaboration and coordination to improve access to community based mental health services for high risk individuals.

In accordance with this overall goal, the CHAC developed the following objectives for improving access to mental health services in McLean County:

Outcome objectives

1. By 2017, increase the proportion of children with mental health problems who receive treatment. (no baseline available)
   HP2020
   MHMD–6: Increase the proportion of children with mental health problems who receive treatment. Target: 75.8 percent.

2. By 2017, increase the proportion of adults with mental disorders who receive treatment. (no baseline available)
   HP2020
   MHMD–9**:** Increase the proportion of adults with mental disorders who receive treatment.
   MHMD–9.1 Adults aged 18 years and older with serious mental illness (SMI). Target: 64.6 percent.

Impact objectives

1. By 2015, increase the number of unduplicated non-Medicaid individuals who access mental health treatment.
2. By 2015, increase the proportion (number) of adults who access behavioral health services.
3. By 2015, increase the proportion (number) of children who access behavioral health services.

Interventions/Strategies

In order to meet the objectives, the CHAC developed the following interventions and strategies:

- Develop and strengthen data collection efforts. Gather data from key stakeholders to effectively determine baseline numbers; establish baseline; explore shared data sets.
- Sponsor a workday for community mapping to better identify what services are being provided and who is eligible to receive them.
- Promote stakeholder meetings to engage key community providers to develop and strengthen partnerships. Must invite- National Alliance for Mentally Ill (NAMI), Mental Health America (MHA), current mental health providers, Advocate BroMenn Regional Medical Center, OSF St. Joseph Medical Center, criminal justice system, and substance abuse providers.

- Support use of Nurse Practitioner at the Center for Human Services to provide psychiatric services.
- Explore telepsychiatry options to increase psychiatric capacity for providers and physicians.
- Explore, seek, and secure funding to support community mental health partnerships (collaborative care management) such as Care Coordination and/or Case Management efforts.
- Seek and apply for grant opportunities that increase the availability of mental health services from a collaborative approach.
- Explore the opportunity to apply for a Substance Abuse and Mental Health Services grant.
- Increase awareness of mental health services throughout the community.
- Promote and support a preventative, positive mental health messaging campaign to promote early access to treatment and decrease adverse childhood experiences. Decrease the stigma of accessing treatment, decrease the stigma of providing treatment, and decrease adverse childhood experiences.
- Offer community education to physicians and service providers on mental health, suicide prevention, and the local resources available to clients.

Resources

Implementation of the strategies and interventions will require a broad spectrum of stakeholders from all sectors of the community. An implementation taskforce will be established to address current resources in the community, how to align those resources, and also explore funding opportunities. In McLean County there are many resources and interested stakeholders ready to take action to improve mental health in our community. Those resources include:

- McLean County Center for Human Services: The services of a Nurse Practitioner were added in 2012, through the collaborative efforts of the McLean County Health Department, John M. Scott Health Care Commission and the McLean County United Way, which will allow an additional 100-150 clients to be seen; Crisis Response Team is still available.
- Mental Health America of McLean County Chapter: Its mission is dedicated to promoting mental health, working for the prevention of mental illnesses and improving care and treatment for persons suffering from mental and emotional disorders.
- The National Alliance for the Mentally Ill (NAMI) for Livingston/McLean Counties: This self-help, non-profit organization serves the central Illinois region as an affiliate of the National Alliance on Mental Illness, dedicated to improving the quality of life for persons with neuro-biological brain disorders.
- John M. Scott Health Care Commission: This resource provides some assistance with the high cost of medications, including short-term provision of psychiatric medications for those individuals recently released from prison.
- Advocate BroMenn Medical Center: This 200+ bed facility continues to offer some in-patient psych/mental health beds. In 2011, Advocate BroMenn chose mental health as one of its three health priorities for its three-year health plan. Several members of the CHAC are also members of Advocate BroMenn's Community Health Council, which will facilitate collaborative efforts to address mental health needs in McLean County.

- Mental health services are supported by local resources, including from the United Way, John M. Scott Health Care Commission, township and county property taxes, the Community Health Care Clinic, and the Indigent Drug Programs through the McLean County Center for Human Services.
- Home visiting/case management programs.
- WIC/FCM programs at Health Department.
- Perinatal depression screening from American Academy of Pediatrics by providers (WIC, Ob-Gyns).
- Healthy Start program.
- PATH 211, sponsored by the United Way, continues to field calls and offer support. In addition to suicide prevention, volunteer call specialists are available to help individuals locate health and human service assistance including: food, shelter, rent and utility assistance, physical and mental health resources, employment supports, volunteer opportunities and support resources for children, older Americans and people with disabilities.
- 1-800 #s for support and referral are still being funded and are available to county residents.
- McLean County received a $600,000 grant for mental health court. A large committee comprised of local police, mental health professionals, social service agencies, judicial representatives, and non-profit organizations have worked to establish a mental health court for McLean County. The goal is to establish a protocol and eventually a facility so there is an available alternative to the county jail for housing people with mental health issues and other impairments.
- Drug and alcohol prevention & treatment programs/support: Local AA, Chestnut, Project Oz.
- "Say It Out Loud" is a multi-year statewide campaign in Illinois to promote good mental health.- DHS http://www.mentalhealthillinois.org/.
- SASS - Screening, Assessment and Support Services [Center for Youth & Family Services]. SASS provides intensive mental health services for children and youth who may need hospitalization for mental health care. SASS serves children experiencing a mental health crisis.

Barriers

Multiple barriers exist that may hinder efforts to improve mental health and access to services. Some of those key barriers include:

- Decreased state funding for mental health programs/treatment.
- Local psychiatrists typically do not accept Medicaid clients.
- Financial constraints: inability to pay for care or treatment.
- Lack of child psychiatrist in the area (closest is Children's Hospital in Springfield).
- Access to treatment/care other resources.
- Compliance with treatment/care plan.
- Stigma around mental health, such as fear or embarrassment.
- Cultural or religious bias against seeking mental health treatment (weakness, shameful).
- Not prioritized in realm of other health issues.
- Lack of training/knowledge of primary providers.
- Lack of knowledge about mental health.
- Language or cultural barriers.

- Lack of stable home and financial resources.
- Inability to seek treatment.

Funding

After approval of the community health plan, the implementation task force(s) will further address funding options. Federal, state, and local resources will be pursued. There may be the possibility to align funding or resources with organizations since many of the intervention strategies fall within the mission of stakeholder agencies. It is anticipated that some grant funding may be made available during the five-year community health plan period in the area of mental health. Should funding become available, the Community Health Advisory Committee will discuss opportunities and encourage stakeholders to pursue funding.

Evaluation and Monitoring

An implementation task force will be formed and evaluation approaches and activities will be developed at that time. Some of the proposed methods for evaluation and monitoring of this health problem include:

- Track numbers served or unable to be served.
- Track numbers from local agencies that are using indigent drug programs. Track dollars and numbers served.
- Track numbers of suicides (by age).

Partnering with Mental Health America (MHA), McLean County will be a key priority. MHA is hosting a forum on May 3, 2012. The results of the MHA plan will be shared with the implementation task force. The implementation task force will host quarterly meetings to gather key data and explore potential funding sources.

Monitoring and evaluation will occur on an annual basis and will be discussed with CHAC and implementation task force members. Methods will entail written analysis of progress made toward implementing strategies and meeting goals articulated in the CHP. In addition, goal congruent community initiatives will be captured as part of the evaluation process. Throughout the five-year period, the CHAC will receive verbal updates of task force activities and progress at each CHAC meeting and McLean County Health Department IPLAN staff will provide a mid-term progress report to the public.

The process of evaluation measurement will assist the CHAC with assessing whether CHP interventions are creating a positive impact in the community and if improvements or modifications are needed. Through evaluation, accountability is increased and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

Sources:

1. Mental Health Report of the Surgeon General, 1999.
2. Strategy paper Prioritizing Mental Health in Development Aid Programs, Global Initiative on Psychiatry. December 2010.
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7. Global Burden of Disease study. World Health Organization and the World Bank.
8. PATH/211.
9. 1-800 Suicide hotline data.
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Oral Health

Description of the problem

Good oral health enhances the ability to speak, smile, smell, taste, touch, chew, swallow and convey emotions through our expressions; in other words, it's essential. "What amounts to a silent epidemic of dental and oral diseases is affecting some population groups. This burden of disease restricts activities in schools, work and home, and often significantly diminishes the quality of life" (Surgeon General David Satcher, Ph.D, M.D, 2000).

The good news is that oral health problems are preventable, but the bad news is that they are common and painful. Gingivitis, an early stage of gum disease, and advanced gum disease affect more than 75% of the U.S. population. According to the McLean County behavior risk factor survey (BRFS) of adults in 2008:

- Greater than 10% said they had not seen a dentist in over two years (or never);
- 79% reported they had a teeth cleaning within one year; 21% said it had been more than a year since teeth were cleaned;
- 13% reported fear/apprehension kept them from the dentist; and,
- No statistics were available for cost and other reasons for not going to the dentist.

Children are at risk, too, as seen in the figure below from the Centers for Disease Control and Prevention (CDC). Dental caries (cavities) is the most chronic disease of childhood and one of the leading reasons for school absence. An estimated 51 million school hours per year are lost because of dental-related illness. Early tooth loss caused by dental decay can result in a child's failure to thrive, impaired speech development, inability to concentrate in school, and reduced self-esteem. Children who take a test while they have a toothache are unlikely to score as high as children undistracted by pain. In McLean County, 42.5% of third graders have cavity experience and 20.9% have untreated cavities. Among 3-year-olds enrolled in the WIC (Women, Infants & Children) Nutrition program, 33% have signs/symptoms of early childhood caries.

CDC

Disparities also exist in oral health with over 40 percent of poor adults (20 years and older) having at least one untreated decayed tooth compared to 16 percent of non-poor adults. A 2008

federal survey of parents revealed that 53% of Latino children, 39% of black children, and 23% of white children have poor oral health. Needs are particularly high among poor children: 20.7% of poor white children, 47.2% of poor Mexican-American children, and 43.6% of poor non-Hispanic black children have untreated cavities. Among preschool children who are poor, nearly 30% have untreated cavities compared to only 6% among children from families whose income was above 300% of the federal poverty level.

Access to dental care for the Medicaid population, under-insured, and uninsured is very limited in McLean County. Forty-six percent of the U.S. population (Illinois- 42%) does not have dental insurance, according to figures released by the National Association of Dental Plans. The figures are worse for low-income Americans; 59% are reported to have no dental insurance of any kind. Seventy-one percent of those 65 and older (in Illinois) do not have any form of dental insurance. In McLean County, 75% of adults reported they had dental insurance (BRFS 2008).

In McLean County, there are about 13,072 children enrolled in All Kids/Medicaid and 9,066 adults enrolled. Medicaid (All Kids) is the principal insurer of children in low income families and its low reimbursement rate discourages participation by local dentists. The McLean County Health Department (MCHD) Dental Clinic is the only dental clinic in the county routinely accepting those with Medicaid coverage. Medicaid does not pay for preventive oral health care for adults in Illinois. Medicare does not pay for dental services and thus leaves many older adults with no means to pay for dental care. In a 2010 phone survey of all (approximately 60) McLean County dental practices (100 dentists), revealed that no practice routinely accepts those with All Kids/Medicaid coverage.

Rationale for choice as a health priority

Though oral health goals have been set in each of the previous Healthy People plans, the HP 2020 plan marks the first time oral health was singled out as one of the leading health indicators. It recognizes a dramatic shift in the way people view oral health as a part of overall health. “The ability to access oral health care is associated with gender, age, education level, income, race and ethnicity, access to medical insurance and geographic location”—a quote from the oral health section of HP 2020. Oral health problems and access to care are growing concerns in McLean County, just as they are nationwide. Advocate BroMenn Medical Center’s community assessment group, the Community Health Council, has designated oral health for adults as one of their three health priorities for their three-year plan and will be setting measurable target goals to accomplish in the next year. With access concerns growing and more support for interventions now available in the community, this is a critical time to intervene to improve oral health in McLean County, and thus it was chosen as a health priority.

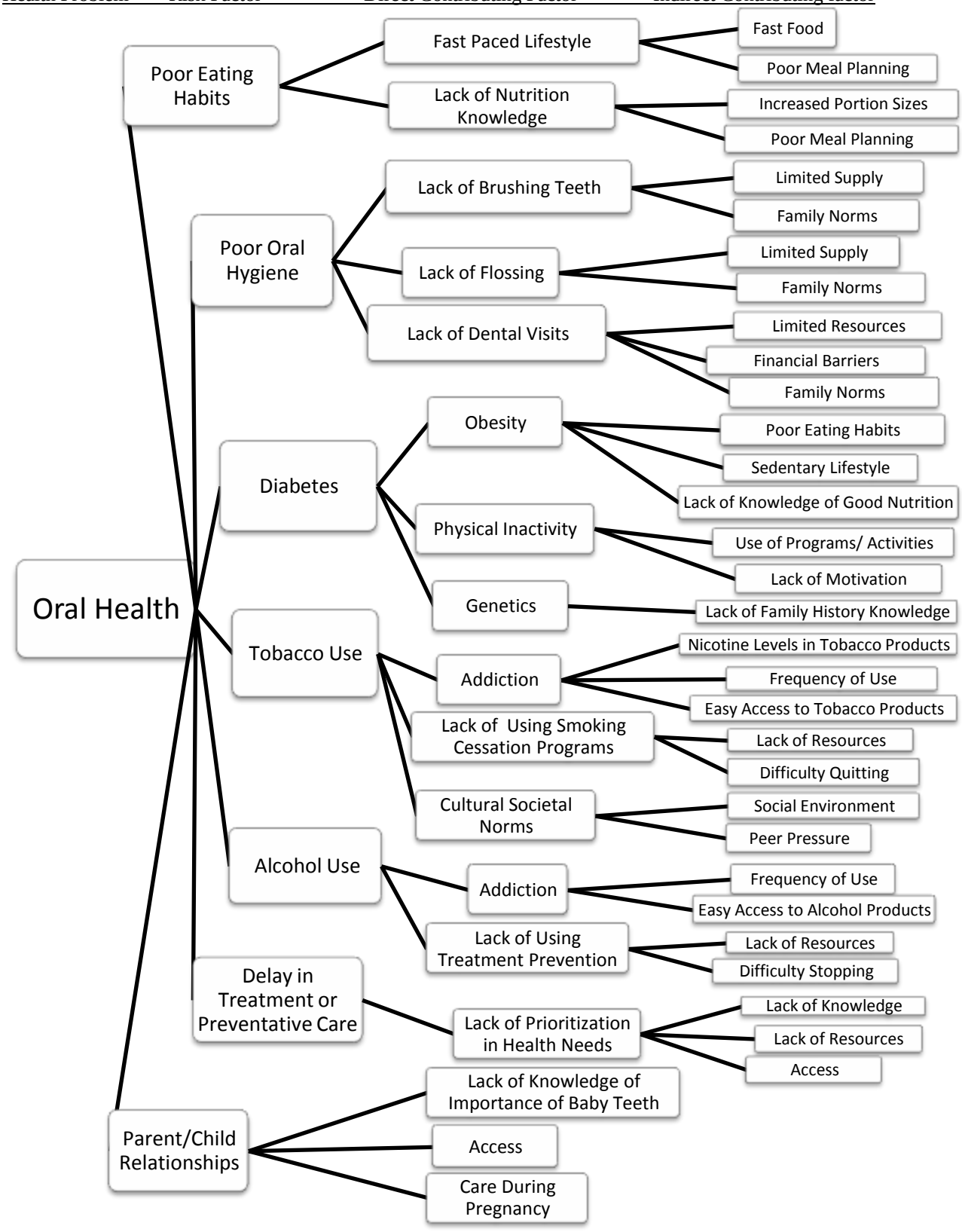
Direct and indirect risk factors

Overall, there are a variety of factors that play a role in oral health. Those include:

- Poor oral hygiene
    - Poor oral care including flossing, brushing, lack of dental visits
    - Access to preventive care or treatment
- Delay in treatment

    - Access to preventive care or treatment
    - Lack of prioritization as health issue
    - Financial constraints
- Tobacco, alcohol, or substance use or abuse
    - Addiction to substance use
- Diabetes
    - Obesity
    - Physical inactivity
- Poor eating habits/nutrition
    - Fast-paced lifestyle
    - Lack of knowledge
- Parent/child relationship
    - Access to preventive care or treatment
    - Lack of knowledge
    - Care during pregnancy

These factors are further illustrated in the figure on the next page.


Health Problem
Risk Factor
Direct Contributing Factor
Indirect Contributing factor
Oral Health
Poor Eating Habits
Fast Paced Lifestyle
Fast Food
Poor Meal Planning
Lack of Nutrition Knowledge
Increased Portion Sizes
Poor Meal Planning
Poor Oral Hygiene
Lack of Brushing Teeth
Limited Supply
Family Norms
Lack of Flossing
Limited Supply
Family Norms
Lack of Dental Visits
Limited Resources
Financial Barriers
Family Norms
Diabetes
Obesity
Poor Eating Habits
Sedentary Lifestyle
Lack of Knowledge of Good Nutrition
Physical Inactivity
Use of Programs/ Activities
Lack of Motivation
Genetics
Lack of Family History Knowledge
Tobacco Use
Addiction
Nicotine Levels in Tobacco Products
Frequency of Use
Easy Access to Tobacco Products
Lack of Using Smoking Cessation Programs
Lack of Resources
Difficulty Quitting
Cultural Societal Norms
Social Environment
Peer Pressure
Alcohol Use
Addiction
Frequency of Use
Easy Access to Alcohol Products
Lack of Using Treatment Prevention
Lack of Resources
Difficulty Stopping
Delay in Treatment or Preventative Care
Lack of Prioritization in Health Needs
Lack of Knowledge
Lack of Resources
Access
Parent/Child Relationships
Lack of Knowledge of Importance of Baby Teeth
Access
Care During Pregnancy

Outcome and impact objectives

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The Community Health Advisory Committee (CHAC) developed the following objectives to address oral health in McLean County:

Outcome Objectives:

1. By 2017, increase the proportion of low income children, adolescents, and adults who receive routine annual oral health care. (no local baseline available)
   HP2020
   OH–7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. Target: 49.0 percent.

2. By 2017, increase the proportion of the general population who use the oral health care system annually. (no local baseline available)
   HP2020
   OH–7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. Target: 49.0 percent.

3. By 2017, reduce the proportion of McLean County children and adolescents with untreated dental decay. (no local baseline available)
   HP2020
   OH–1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
   OH–2: Reduce the proportion of children and adolescents with untreated dental decay.

4. By 2017, establish a community dental clinic to serve low income and uninsured children, adolescents, and adults. (no local baseline available)
   HP2020
   OH–8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. Target: 29.4 percent.

Impact Objectives:

1. By 2015, decrease visits to emergency departments for oral health issues.
2. By 2015, increase the number of primary care providers performing oral health exams on children birth to age 3.
3. By 2015, increase the number of children having a first dental visit prior to age 3.
4. By 2015, increase the number of high risk children receiving fluoride varnish application prior to age 3 to fully erupted teeth.

Interventions/Strategies

In order to meet the objectives, the CHAC developed the following interventions and strategies:

1. Promote and support educational programs for parents about the importance of baby teeth.
2. Promote mass media campaign regarding the importance of oral health care.
3. Develop strategies to decrease the rate of missed appointments at public health dental clinics.
4. Develop and strengthen the gathering of oral health data in McLean County; gather local baseline data.
5. Promote and support educational opportunities regarding oral health assessment for primary care providers.
6. Seek the support of local dental professionals in gathering dental surveillance data.
7. Form a task force of community leaders to study the feasibility of forming a community dental clinic.
8. Increase number of school aged children who receive dental sealants on permanent teeth.
9. Explore the feasibility of a dental residency program to serve the unmet dental needs of county residents.
10. Promote and support the *Bright Smiles from Birth* program in primary care settings which provides fluoride varnish treatments for infants and toddlers.
11. Form an oral health steering group to address the oral health needs of county residents by the implementation of oral health strategies.
12. Seek and secure funding to support the objectives and interventions.

Resources

Implementation of the strategies and interventions will require strong stakeholder support and partnerships. An implementation taskforce will be established to address current resources in the community, how to align those resources, and also explore funding opportunities. In McLean County there are many resources and interested stakeholders ready to take action on oral health. Those include:

- McLean County Health Department (MCHD) dental clinic: Receipt of several grants has allowed the MCHD Dental Clinic to add an additional operatory so that more clients may be seen.
- IFLOSS – statewide oral health coalition: Coordination of state plan; http://ifloss.org/.
- American Dental Association: numerous resources and is a leading source of oral health related information for dentists and their patients. http://www.ada.org/index.aspx
- Illinois State Dental Society (ISDS): ISDS is promoting oral health through the "Bridge to Healthy Smiles" initiative and can be reviewed at www.bridgetohealthysmiles.com.
- Partnerships with other healthcare providers (hospitals, dental practices, John M. Scott Health Care Commission, township agencies, Chestnut Health, and local school districts).

- Education provided by local dentists in offices and to the community (schools, childcare sites).
- Heartland Headstart dental care program.
- National mandate for accredited childcare centers to have kids in care brush daily.
- Childcare Nurse Consultant is available to provide oral health care presentations for child care sites.
- America's Promise School Project: works with local schools via nursing students from Illinois State University to bring oral health messages to students.
- Local oral surgeon group arranges for semiannual free "extraction" clinics in Bloomington-Normal.

Barriers

Multiple barriers exist that may hinder efforts to improve oral health. Some of those key barriers include:

- Dentists do not routinely accept Medicaid clients.
- Medicaid does not pay for prevention care for adults.
- Financial/resource barriers impede access or seeking care.
- Lack of knowledge of importance of oral care.
- Lack of prioritization for oral care.
- Cultural or family norms.
- Fear or phobia of receiving dental care.
- Avoidance or delay in seeking treatment.
- Travel or transportation to care.

Funding

After approval of the community health plan, the implementation task force(s) will further address funding options. Federal, state, and local resources will be pursued. There may be the possibility to align funding or resources with organizations. It is anticipated that some grant funding may be made available during the five-year community health plan period in the area of oral health. Should funding become available, the Community Health Advisory Committee will discuss opportunities and encourage stakeholders to pursue funding.

Evaluation and Monitoring

An implementation task force will be formed and evaluation of approaches and activities will occur. Some of the proposed methods for evaluation and monitoring of this health problem include:

1. Survey private practices, public health clinics, Heartland Headstart and school districts for oral health data.
2. Measure percentage of county residents reached through oral health media messages.

3. Conduct annual surveillance of emergency department visits with an oral health diagnosis.
4. Collect data from school-based dental sealant program.
5. Monitor the missed appointment rate at the health department dental clinic.
6. Assess number of primary care providers trained and performing routine oral health exams.
7. Monitor progress toward the creation of a community dental clinic.

At a minimum, monitoring and evaluation will occur on an annual basis and will be discussed with CHAC and implementation task force members. Methods will entail written analysis of progress made toward implementing strategies and meeting goals articulated in the CHP. In addition, goal congruent community initiatives will be captured as part of the evaluation process. Throughout the five-year period, the CHAC will receive verbal updates of task force activities and progress at each CHAC meeting and McLean County Health Department IPLAN staff will provide a mid-term progress report to the public.

The process of evaluation measurement will assist the CHAC with assessing whether CHP interventions are creating a positive impact in the community and if improvements or modifications are needed. Through evaluation, accountability is increased and a stronger commitment to improving the health of McLean County citizens will be communicated to its residents.

Sources:

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